



LETTER OF AUTHORIZATION (LOA)

Dear IPitomy Communications Customer:

Local Number Portability (LNP) allows you to move your current telephone number from your current telephone service provider to IPitomy Communications. Your current provider requires this Letter of Authorization (LOA) as proof that you have explicitly requested and authorized IPitomy Communications to transfer your telephone number(s). By submitting this form, you authorize us to initiate the process of transferring your telephone number(s) to IPitomy Communications. After the transfer is completed, your transferred telephone number(s) will be part of your IPitomy Communications account. Once this form has been returned to IPitomy Communications, the number porting process cannot be stopped.

The process of transferring your telephone number(s) will typically take a minimum of 7 business days to complete. During this time, your current telephone service and your IPitomy Communications service will not be interrupted. Once the change has taken place, calls to your current telephone number(s) will ring to your IPitomy Communications service. Canceling your existing service after submitting this form and before the number port is completed will result in losing your telephone number(s).

Requested Port Date

NOTE: There is no guarantee that your numbers will port the day entered; however, we will request the date entered on your behalf. Weekend ports are not allowed. If the date you enter falls on a weekend, we will assume the following Monday as the requested date. It is important that your telephone equipment is installed and configured prior to the date and time that you select below. Ports will auto-trigger at approximately 11:30 am eastern time on the scheduled date.

Select Requested Port Date: 8/27/2020 (There is no guarantee that this date will be honored by the losing carrier)

PLEASE NOTE: Should undersigned Customer request a change in port date after the account has been assigned an FOC (Firm Order Commitment) date, there will be a \$300.00 fee assigned to Customer. If there is a change within 24 hours of the FOC date, the fee to Customer will increase to \$500.00. Payment is to be received within 10 days of change request or service will be suspended.



LETTER OF AUTHORIZATION (LOA)

I designate IPitomy Communications or its designated agent to transfer my telephone number(s) from my current provider to IPitomy Communications and authorize IPitomy Communications to obtain billing information, customer service records, and any other information that will aid in transferring my telephone number(s) to IPitomy Communications.

The information you enter below **MUST** match the information that your current provider has on file. Note that a separate LOA is required for each Billing Telephone Number (BTN). Please make sure that your information is accurate on this form. Any errors will cause your order to be rejected and delayed.

Current Service Information (This **MUST** match what your provider has on file for you)

Company Name on Account:			
Authorized Name on Account:			
Service Address:			
Account Number:			
City:		State:	Zip:
Current Billing Telephone Number:			
Current Telephone Service provider:			

Telephone Numbers to Transfer Please enter the telephone number(s) that you would like to transfer.

*Enter numbers to transfer below:

Customer Printed Name: _____

Signature: _____

Date: Click or tap to enter a date.

Please sign, date and fax to 941-306-3222 or email to orderprocessing@ipitomy.com.