



Clear VOIP Solutions Letter of Agency (LOA) v7.28.17

PORTING AUTHORIZATION

I, (Name) _____ certify that I am an authorized representative of (Company Name) _____ and hereby authorize Clear VOIP Solutions to act on my behalf and to take the necessary steps in order to port my telephone number(s) to the Clear VOIP Solutions. By signing below, I understand that I am granting Clear VOIP Solutions the authority to communicate with my current telephone service provider(s) as well as complete any and all paperwork on my behalf in order to port my phone number(s) away from my current telephone service provider(s) to Clear VOIP Solutions. I understand that either my electronic or written signature of this request may be accepted. I agree to send Clear VOIP Solutions a current telephone bill copy as described at the top of this form.

I further understand that my current telephone service provider may charge for changing service providers and that I will be responsible for any such charge(s). I understand that I will be informed if my number is not portable to the Clear VOIP Solutions. I understand that the standard porting time is fourteen (14) to sixty (60) days, and that porting of my number is dependent upon release of my number(s) from my current carrier.

	PHONE NUMBER(S)	PORT DATE REQUESTED		PHONE NUMBER(S)	PORT DATE REQUESTED
1			6		
2			7		
3			8		
4			9		
5			10		

**Please attach an excel sheet for additional numbers*

**Do not include Toll-Free numbers in this form*

ADDITIONAL PORTING INFORMATION

Account Number:		Billing Telephone Number:	
*PIN/SSN:		**New BTN:	

**Please provide the PIN or the last 4 digits of the Social Security Number (SSN) when porting a wireless number*

***Partial Ports - If you are porting the BTN, please identify a new BTN for the numbers being left behind.*

IMPORTANT: Do not cancel service with your current phone service provider until you receive notice that your number has been successfully ported and is active on Clear VOIP Solutions. To do so will cause you to lose your phone number(s). Cancellation of a LNP request incur cancellation fees. Refer to your Terms of Service Agreement for information on these fees.

CUSTOMER INFORMATION

Company Name:		Service Address:				
Authorized Name:		Email Address:				
Authorized Signature:		Title:		Date:		Recv'd