



VOIPo Letter of Authorization

Thank you for selecting **VOIPo**. Number Portability allows you to keep your current number while changing your service provider. Upon receipt of this form, we will start the transfer process and work with your existing carrier to transfer your number/s. The porting process typically takes up to 20 business days, but in extreme scenarios can take up to 45 days. For more information regarding porting, please visit <http://support.voipo.com>

- 1) **Once this form is submitted, the porting request cannot be canceled for ANY REASON.**
Please note that this will not affect your ability to port the number out at a later time. If you submit this form, you must wait until our porting process has been completed prior to being able to port it out to another provider again. A porting request cannot be canceled once submitted.
- 2) If you have *distinctive ring*, a *PIC freeze*, or a *carrier change restriction*, you must remove it prior to **porting** your number/s. If you make changes to features or services with your existing provider, it could delay or interrupt the **porting** process
- 3) If you have a contract with your current provider that **prohibits porting**, you cannot port your number/s.
- 4) The service address and name on this form must be the same as the records of your current provider, or your transfer request will be rejected.
- 5) Do NOT call your existing carrier to cancel service while we are attempting the transfer, or you will not be able to keep your telephone number/s. (To ensure that your account has been cancelled, contact the carrier **five business days** after the transfer completes.) **Disconnected numbers cannot be transferred.**
- 6) **VOIPo** will need a copy of a phone bill or account summary page, dated within 30 days of today, that includes the number/s to be transferred and the account holder's name.

First and Last Name:	_____	Number/s to transfer:	_____
Business Name (or NA)	_____	Current Provider:	_____
Physical service address (or address on file at current provider):	_____ _____ _____	Last 4 digits of SSN:	_____ (if required)
		Account PIN:	_____ (if required)

You are required to submit this form as verification that you would like **VOIPo** to provide telephone service for the number you listed. With traditional telephone service, you can select different carriers for different types of service. In order to use **VOIPo**, you will need to check **ALL three boxes** below to authorize us to provide you with all three services for the phone number in question.

- ☐ Yes, I select **VOIPo** as the carrier for ALL local calls for this number.
☐ Yes, I select **VOIPo** as the carrier for ALL local toll calls for this number.
☐ Yes, I select **VOIPo** as the carrier for ALL long distance and international calls for this number.

By signing below, I authorize **VOIPo** LLC or its designated agent to act on my behalf and port the telephone number/s listed on this form to **VOIPo** or its agent. I authorize the release of any information from my existing telephone provider to **VOIPo**. I understand all fees associated with **VOIPo** services and/or this transfer and understand that I may consult with **VOIPo** at 949-829-4200 for such information. I am authorized to make these changes for the telephone number/s referenced above.

Signature: _____ Date: _____
THIS MUST BE A HANDWRITTEN SIGNATURE MM/DD/YYYY

To begin processing please send this form along with a copy of your current telephone bill, or account summary page (dated within 30 days) to transfers@voipo.com or **FAX to 949-829-4201**. You will be notified by email when the port is submitted and when an estimated completion date has been set.