## Letter of Authorization

Thank you for choosing to transfer your phone number(s) to AccessLine Communications. Your current service provider requires this letter as proof that you have authorized this transfer. Please carefully read and follow all instructions below to ensure a smooth process in transferring your number(s) to AccessLine.

• Fill in all information on this form using your CURRENT local telephone bill for the numbers you wish to transfer. This must EXACTLY match the information your current provider has on record for your numbers.

• DO NOT contact your current service provider to disconnect service, as this will stop the porting process. You must keep service active until the porting process is complete.

•DO NOT make any changes to your current account with the provider as it could cause delays.

• <u>Make sure you DO NOT have DSL/internet services or ALARM systems on ANY of the numbers you request ported to</u> <u>AccessLine</u>. You will lose your DSL/internet service. Contact your current service provider BEFORE submitting this form to AccessLine if you are not sure. We are not able to check this for you.

• <u>Fax over your MOST RECENT local telephone bill with this form.</u> The bill must show your name, billing and service addresses, all telephone numbers you wish to port, and the name of your current telephone provider.

•AFTER the port has completed, it is your responsibility to disconnect services with your old service provider

By signing this letter, you authorize us to initiate the process of transferring your telephone number(s) to AccessLine Communications. There will be a one time porting fee per number. For full terms and conditions, visit www.accessline.com

Please fill in the required information below regarding your account with your **CURRENT phone service provider** (NOT your AccessLine account info). *Refer to your current phone bill; contact your current service provider if necessary.* 

Account #	Account Billing Name:	
Type of Account: (circle one)	If wireless, provide PIN, TaxID, and/or last	
BUSINESS or RESIDENTIAL	4#s of SSN:	
Service Address: must reflect the SERVICE addr different from your current account billing address.	ress on record with your current phone company. This CANNOT BE A PO BOX. This may be	
Street:		
City:		
State:	Zip:	
Current Carrier/Phone Service Provider:		
LOCAL Numbers to be ported (10 digits each, attac	ch additional list if necessary):	

(Please note: A separate "Letter of Authorization" is required for <u>each account</u> if you are moving numbers from multiple accounts)

By signing below, I confirm that all information is accurate and that I have checked with my current provider that NO NUMBER LISTED ABOVE HAS DSL/INTERNET OR ALARM SYSTEMS ASSOCIATED WITH IT.

Signature:	Note: your current phone service
Name:	provider will not allow the port of your numbers to AccessLine without
Title:	authorized signature from an account owner or administrator shown in their
Company:	records for this account
Date:	

Reference AccessLine Account and/or Order Number:

Please Fax completed form with bill copy from your current phone service provider to your AccessLine sales representative