



Instructions on Transferring Local Telephone Number(s) to Nextiva

Please follow these three steps in order for Nextiva to successfully transfer your telephone number(s) from your current carrier to Nextiva.

Step 1 – Provide Nextiva with a completed Nextiva LOA form (on the next page) and a copy of your most recent phone bill.

1. When providing Nextiva with the documents to transfer your number please include a information in the email or on a **Fax Cover Sheet** that includes your Full Name, Contact Telephone Number, and the Email Address.
2. The completed Nextiva and signed **Letter of Authorization (LOA) form**. This form can be found on the next page.
3. A **copy of your most recent phone bill** including your local number, name of account holder and billing address. The bill copy must be dated within the last 30 days and include the local telephone number(s) you wish to transfer to Nextiva.
4. If you are porting a wireless number to the Nextiva service, please also note your complete wireless account number, wireless PIN and the last 4 of the authorized person's SSN.
5. You may fax the documents to 866-654-9150 or email them to porting@nextiva.com

Step 2 – Nextiva will submit the request to transfer your number

- ❖ Your existing local telephone number will remain active with your existing carrier while the number is being transferred.
- ❖ Your temporary Nextiva telephone number may be removed from your Nextiva account once your existing telephone number has successfully transferred to Nextiva.
- ❖ Please keep your phone number active with your existing carrier until you receive confirmation from Nextiva that your number has successfully transferred.
- ❖ Please be aware that we cannot guarantee we will be able to transfer your number. In some cases numbers are non-portable; this depends on your current carrier's terms and conditions.

Step 3 – Successful transfer of your number(s) to Nextiva

Nextiva will contact you by phone and/or email in order to let you know that your number has successfully transferred over to Nextiva. If you have any questions regarding your Nextiva account, please contact the Nextiva Team at 800-983-4289 or visit the Nextiva Support Center at <http://Support.Nextiva.com/>



**LOCAL AND & LONG DISTANCE COMMERCIAL ORDER REQUEST
LETTER OF AUTHORIZATION**

I wish to select Nextiva Communications Services, Inc. on behalf of its affiliates and subsidiaries, as my provider for the following Telecommunications Services:

Please check if applicable:

- I would like to change my Local Exchange Carrier to Nextiva as defined in the table below.
- I would like to change my IntraLATA Carrier to Nextiva (local toll calls).
- I would like to change my InterLATA Carrier to Nextiva (long distance calls).

NOTICE REGARDING BILLING AND USAGE-RELATED INFORMATION

In the course of providing service to you, we will possess certain billing and usage-related information about the quantity, type and destination of telecommunications services you use. You have a right, and we have a duty, to protect the confidentiality of this information.

Please complete below with the exact information that your current provider has on file:

Nextiva Account Number: _____

Company Name (if on existing account): _____

Existing Account Number: _____ Billing Telephone Number: _____

Authorized User Print Name: _____

SERVICE Address: _____ City, State & Zip _____

BILLING Address: _____ City, State & Zip _____

(Wireless and Windstream ONLY) Account Number _____ PIN _____ Last 4 of authorized person's SSN _____

My signature on this form authorizes Nextiva to act as my agent for the purpose of ordering, changing and/or maintaining communication services, including but not limited to local exchange, IntraLATA and/or InterLATA telephone services. Nextiva is also authorized to obtain billing information, customer service records and other network information required to provide my telephone service. I understand that I may consult with my new service provider as to whether a fee will apply to change my preferred carrier. I understand that I may designate only one primary interexchange carrier for any one telephone number for InterLATA and where applicable IntraLATA usage. Selection of Nextiva will apply to the telephone number(s) listed on this form. I hereby acknowledge that, once the listed service has been activated/installed by Nextiva, it is my company's responsibility to notify each of my existing telecommunications services providers regarding the disconnection of any telecommunications services and/or facilities (e.g., T-1 circuits, PBX trunks) with that provider(s) which were not disconnected by said provider(s) during the port of services to Nextiva. Nextiva shall not be liable for any services for which my previous provider(s) continues to bill; my company shall be fully responsible for arranging for the final disconnection of services from my previous provider(s).

THIS AUTHORIZATION REVOKES ANY PREVIOUS AUTHORIZATIONS REGARDING MY LOCAL, INTRALATA AND/OR INTERLATA TELEPHONE SERVICE AND SHALL REMAIN IN EFFECT UNTIL MODIFIED OR REVOKED IN WRITING.

LETTER OF AGENCY TABLE

List Telephone Number(s)	Current Carrier Name and Account Number	VOICE or FAX

use an attached sheet for additional number port requests

Authorized User Signature: _____ Date: _____



LOCAL AND & LONG DISTANCE COMMERCIAL ORDER REQUEST
LETTER OF AUTHORIZATION

EXAMPLE

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NOTICE REGARDING BILLING AND USAGE-RELATED INFORMATION

In the course of providing service to you, we will possess certain billing and usage-related information about the quantity, type and destination of telecommunications services you use. You have a right, and we have a duty, to protect the confidentiality of this information.

Please complete below with the exact information that your current provider has on file:

Nextiva Account Number: 12345

Company Name: ABC COMPANY

Customer Name: JOHN DOE

SERVICE Address: 123 MAIN ST. STE. 100 City, State & Zip SCOTTSDALE, ARIZONA 85258

BILLING Address: PO BOX 2222 City, State & Zip SCOTTSDALE, AZ 85259

(Wireless and Windstream ONLY) Account Number _____ PIN _____ Last 4 of authorized person's SSN _____

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LETTER OF AGENCY TABLE

List Telephone Number(s)	Current Carrier Name and Account Number	VOICE or FAX
480-555-5555	Qwest 480-555-5555-123	VOICE
480-555-5500	Qwest 480-555-5555-123	FAX

use an attached sheet for additional number port requests

Authorized User Signature: %&\$*^*(^(^(#(* Date: 01/22/2010