



PRESS8 TELECOM

LETTER OF AUTHORIZATION

Thank you for choosing Press8 Telecom as your service provider. You may continue to use your existing telephone number(s) with Press8 Telecom. In order to transition your current telephone number(s), please complete the form below so that we can work with your previous service provider in transferring your telephone number(s) without service interruption.

Your previous service provider requires this letter as proof that you have explicitly authorized and requested that your service and current telephone number(s) be transferred to another service provider. By filling in all of the information requested below, and signing and dating this letter, you provide us with the authorization to initiate the process of transferring your service and telephone number(s) to Press8 Telecom. You will then be able to use your old telephone number with your new Press8 Telecom service.

Please ensure that the following information is completed fully and accurately. This will help prevent any delays in transitioning your service.

Name / Company: _____

Street Address (service address): _____

City: _____ State: _____ ZIP: _____

Current Service Provider: _____

***IMPORTANT:** The contact information provided above **must** match the service address used with your previous service provider!

Print Name: _____ Date: _____ (expires 20 days from this date)

Many service providers designate a BTN number, which appears on your monthly statements as a BTN or account number in the form of a telephone number. If your ISP makes use of a BTN, enter it below.

Billing Telephone Number (if applicable): _____

Requested Port Date: _____

Will you be porting **all** of your telephone numbers from your ISP? _____

List all of the telephone numbers to be ported below. Ex: (555) 555-1212

PLEASE DO NOT PLACE ANY NEW SERVICE ORDERS WITH YOUR CURRENT SERVICE PROVIDER ON THIS ACCOUNT IF POSSIBLE, AS THIS MAY CAUSE A DELAY IN PORTING YOUR NUMBERS.

By signing below, I designate Press 8 LP or its designated agent to transfer my service from my current provider to Press 8 LP. By signing below I also authorize Press 8 LP or its designated agent to transfer my current telephone number used to provide service so that Press 8 LP may provide its service to me. By signing below, I also authorize Press 8 LP or its designated agent to obtain billing information, customer service records and other network information required to provide me with Press 8 LP service. I understand that I may consult with Press 8 LP as to whether a fee will apply to the change.

A bill copy from your previous service provider is REQUIRED to transfer your telephone number(s). Please include a recent bill copy that includes the name/company, service address, and telephone number(s) to be transferred.

Please return the completed form by fax to 512-492-8493 or by email to loa@press8.com.

Print Name: _____ Date: _____ (expires 20 days from this date)

Signature: _____