



**Press 8 Communications
LETTER OF AUTHORIZATION**

Thank you for choosing Press 8 LP as your service provider. You may continue to use your existing telephone number with Press 8 LP. In order to transition your current telephone number to Press 8 LP, please complete the form below so that we can work with your previous service provider in transferring your telephone number 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 be transferred to another service provider. By filling in all 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 to Press 8 LP. You will then be able to use your old telephone number with your new Press 8 LP service.

Please ensure the following information is completed accurately, which will help prevent possible delays.

Name / Company: _____

*All numbers listed below must be associated with this name!

Street Address (service address): _____

City: _____ State: _____ ZIP: _____

Current Service Providers: _____

Instructions: If entering a range of telephone numbers, use the start and ending number in the *Telephone Number Begin* and *Telephone Number End* fields. If you are porting single telephone number(s), please list in *Telephone Number Begin*. The primary (Billing Telephone Number, or BTN) telephone number from your previous service provider's account must be listed in order for your request to be valid!

Print Name: _____ Date: _____

<i>Telephone Number Begin</i>	<i>Telephone Number End</i>	<i>Billing Telephone Number REQUIRED</i>	<i>Requested Port Date</i>

PLEASE REMOVE ANY FEATURES (I.E. HUNT GROUP) ASSOCIATED WITH THESE NUMBERS PRIOR TO SUBMITTING THIS LOA. ADDITIONALLY, PLEASE DO NOT PLACE ANY NEW SERVICE ORDERS WITH YOUR CURRENT SERVICE PROVIDER ON THIS ACCOUNT, 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.

Print Name: _____ Date: _____

Signature: _____

A Bill copy is REQUIRED to authorize ownership of number(s). Please include a summary copy containing name/company and the numbers owned. Please contact Press 8 LP for further information.