



PORTING LETTER OF AUTHORIZATION (“LOA”)

PLEASE COMPLETE ONE LOA PER BILLING NUMBER (BTN).

Phone number(s) to be ported

<insert list of phone numbers to be ported below>  <input type="checkbox"/> Please check this box to confirm that a copy of a recent phone bill from your current carrier is attached.	The list of numbers must terminate at a single physical address, including unit number. Use more than one LOA form for multiple locations.

CURRENT TELCO SERVICE PROVIDER: \_\_\_\_\_ BTN #: \_\_\_\_\_

SERVICE (NOT BILLING) ADDRESS: \_\_\_\_\_

BILLED TO COMPANY NAME: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

DO NOT CANCEL THE ABOVE NUMBERS WITH THE CURRENT PROVIDER UNTIL AFTER THE PORT IS COMPLETE. Once initiated, ports are not cancellable. If a BTN is ported, all numbers under the BTN must be ported out. Please refer to the porting guide: <https://ipfinity.zendesk.com/hc/en-us/articles/227387768-Porting-Your-Number-to-IPFINITY>

Please check this box if non-voice services are associated with ANY of the numbers to be ported — e.g. fax, data, DSL, alarm, postage machines, credit card terminals, cash registers, ATMs, etc. Then indicate which non-voice services are associated with which numbers (attach extra pages if necessary).

Porting will result in non-voice services and/or equipment attached to analog phone lines to stop working after the port completes unless proper arrangements are made.

**\*\*Customer agrees to pay any port rejection/snapback fees levied by the corresponding carrier. Expedited ports may incur an expedited port fee.**

By submitting this application, I acknowledge that I have read, understood and agreed to be bound by the terms and conditions as set forth herein and as stated in the IPFINITY terms of service agreement (“TOS”).\* I hereby authorize IPFINITY or its designated agent(s) to transfer my service (“Port”) from my current carrier and I have the authority to do so. I also hereby authorize IPFINITY or its designated agent (s) to request billing information, customer service records or other information required to facilitate and complete this port.

Authorized Signature:

\_\_\_\_\_  
Signature Name (printed): Date  
When completed, please scan and email to [provisioning@ipfinity.com](mailto:provisioning@ipfinity.com).

\* TOS available from ipfinity.com/tos