

Letter of Authorization (LOA)

End User Information

Information should match exactly what is listed with the current carrier.

Customer or Comp	pany Name	Current Carrier / Losing Service Provider	
Address (Service, N	Jot Billing)	Main Billing Telephone Number (BTN)	
City	State/Prov. Zip Code	Account Number PIN (Optional)	

	If you require a specific time for port, it m	nust fall within these hours: Monday-Thursday: 9AM-4PI	M CT Friday: 9AM-3PM CT
Porting Hours	Desired Port Date #1	Time	Time Zone
Desired port date #1 will be tried, but is not guaranteed. Please submit a second option for			
desired port date #2. Dates must be at least 7 business days from the date of submission.	Desired Port Date #2	Time	Time Zone

If you are **NOT** porting all numbers from your current account, what should be done with remaining numbers at your previous provider?

Keep Active

Disconnect Remaining Services

If you are porting the main Billing Telephone Number (BTN), what should be listed as the new BTN on the account?

Toll-Free Numbers to be Ported

If porting toll-free numbers, LSPs require your toll-free numbers to be listed. Domestic DIDs are not required on this LOA. You may also add a note here to "See attached numbers" if you're submitting a longer list under separate cover.

You'll need to upload your numbers into our portal as well as listing them he	o our portal as well as listing them here.
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New RespOrg ID: VNI01

By signing below, I authorize Commio or its designated agent to obtain billing information, customer service records, and other network information (CPNI) required to provide me with service. I understand that the time frame in which the port can be completed is not controlled by Commio. By signing below, I agree to all Terms and Conditions as stated in the Master Service Agreement.

Authorized Contact:

Please type your full name. If you are porting toll-free numbers, an actual signature is also required. Person authorized on the account with current carrier to make changes.

Print Name	Today's Date	
Signature		

