Skype for Business

Letter of Authorization

Thank you for choosing Skype for Business as your service provider. In order to transfer your current telephone numbers to Skype for Business, we will work with your previous service provider to ensure that your service transferred smoothly.

This form must be completed and supplied to Skype for Business before your phone numbers can be transferred.

Your prior service provider requires this letter as proof that you have explicitly requested and authorized that your service and telephone numbers be transferred to Skype for Business. By filling in the information below, and signing and dating this letter, you provide us with the authorization to initiate the process of transferring your service and telephone numbers to Skype for Business.

IMPORTANT

Please do not submit any service change orders on these telephone numbers to your current service provider. Doing so will delay or cancel this transfer. If you are relocating, you must use your current address not your prospective address.

This is to authorize the porting of the listed Geographic telephone numbers.

I recognize that it is my responsibility to arrange cessation of or changes to any other services provided by the current Communications Provider.

I understand that this information, given to the Gaining Communications Provider to enable the port, may be disclosed to the Losing Communications Provider in connection with porting of the listed Geographic telephone numbers.

To (recipient Carrier or Service Provider):	From (donor Carrier or Service Provider):
Name: Colt Telecommunications	**Name:**

Customer Details:

NOTE: The Name and Address information of the customer should be either as shown on the

most recent invoice from the Current Communications Provider for the service associated with

the Geographic telephone numbers, or, if there is no such invoice, as otherwise known to that Communications Provider.

Customer Name: Account Number:

Address (as shown on most recent bill from donor operator):

Telephone Numbers (To be transferred):

Authorizing Signature:

Signatory Name:

Date:

Signatory Contact Number: