Letter of Authorization



On behalf of the company named below, I hereby authorize Skype for Business or it's designated agent to obtain billing information, customer service records, and other network information required to take all steps necessary to port the listed Telephone Numbers to Skype for Business.

Please fill out the following inform	nation as it appears on	the Customer Service Rec	ord (CSR) of the current carrier
Customer Name:			
Service Address: Street Address:			
City:	State:		Zip:
Authorizing Signature:			
Please fill out the following inform	nation as it appears on	the customer invoice with	the current carrier:
Billing Address: Street Address: _			
City:	State:		Zip:
Current Service Provider:			
Existing BTN (Billing Telephone N	umber) with current car	rier:	
Will you be porting this BTN?	YES NO	Is this a partial port?	YES NO
If partial port, please indicate a ne	w BTN for the current o	carrier:	
Telephone numbers (please use ra	anges whenever possib	le):	
		1	
Authorized Name:	Authoriz	ed Signature:	Date: