



Letter of Authorization

For Local Number Porting (LNP)

The undersigned hereby authorizes **Sinch** to act on the Customer's behalf to port the numbers listed below.

Current Provider: _____

Please fill out the following information as it appears on the **Customer Service Record (CSR)** of the current carrier:

Customer Name	
*Service Address	
Service City, State & Zip Code	

* This needs to match the address on the losing carrier's Customer Service Record (CSR). Most carriers will require the service address be presented on the order, rather than the billing address. The information provided on the end user's bill copy may not be the same as what is on their CSR. These are two separate documents and many times; the information is not the same. Porting requests most often need to be submitted with the information that is contained in the CSR, not the bill copy.

Please fill out the following information as it appears on the **customer invoice** with the current carrier:

Billing Address	
Billing City, State & Zip Code	

Additional Portability Information:

Existing BTN (Billing Telephone Number) with current carrier: _____

Will you be porting this BTN (Billing Telephone Number)? _____

Is this a *partial port? ____YES ____NO

* Partial port indicates the customer has several numbers on their account and is requesting to port only one, or some of those numbers.

If yes, please indicate a new BTN (Billing Telephone Number) for the current carrier:

Porting TNs (please use ranges whenever possible):

Authorized Printed Name: _____ Date: ____ / ____ / ____

(Must be dated within 30days to be valid)

Authorized Signature: _____