

Local Number Portability Letter of Authorization

WARNING: If you cancel your existing service before the number porting has been completed, you might not have a way to recover your phone number. Do not cancel your current service until you have received notification from **ZANG** that your port has been completed.

Statement of Authorization

The undersigned Customer agrees that they possess the legal authority to authorize **ZANG**, its preferred carriers, subsidiaries, and/or authorized agents to make any and all inquiries necessary for the obtaining necessary information to obtain and maintain services. The Customer acknowledges that they have the legal authority to authorize **ZANG**, its preferred carriers, subsidiaries, and/or authorized agents to act as Customer's agent for the purpose of taking any and all actions required to transfer the services on the telephone number(s) listed below to **ZANG**.

Account Information

Please provide the account service address. The service address refers to the address listed on your billing statement for the number(s) below. For multiple service addresses, please complete a separate form for each.

Service address

Please list the telephone numbers you would like to port below. All of the phone numbers must have the same service address.

Phone number	Type
	Business
	Business N/A
	Business N/A

(Note that all phone numbers listed above must be associated with this Company Name)

By signing below I permit **ZANG** or its designated agent to transfer my service from my current provider to **ZANG**. I also authorize **ZANG** or its designated agent to transfer my current telephone number used to provide service so that **ZANG** may provide its service to me. By signing below, I also authorize **ZANG** or its designated agent to obtain billing information, customer service records and other network information required to provide me with **ZANG** service. I understand any other numbers on the account that are not ported may be canceled by my carrier and that additional charges may apply for early termination.

Name: _____

Company: _____

Signature: _____

Date: _____

A Bill copy is REQUIRED to authorize ownership of number(s). Please include a summary copy containing company name and the numbers owned. Please contact an account manager with any questions.