

TeleVoIPs LOA

Dear Customer:

Thank you for choosing TeleVoIPs as your service provider. As you are aware, you may continue to use your existing telephone number with TeleVoIPs Voice over IP service. In order to transition your current telephone number to TeleVoIPs VoIP service, TeleVoIPs must work with your previous service provider to ensure that your service is uninterrupted, and where applicable, to ensure that your number is transferred.

Your prior service provider requires this letter as a proof that you have explicitly authorized and requested that your service and current telephone number be transferred to another service provider. By filling in all the information requested below, and signing and dating this letter, you provide us with the authorization to initiate the process of transferring your service and telephone number to TeleVoIPs VoIP Services. You will then be able to use your old number with your new TeleVoIPs service.

Please ensure the following information is completed accurately which will help prevent possible delays.

Company Name (Name must match company name on current telephone bill):

(Note that all TN's listed below must be associated with this Company Name)

Street Address: (Service Address)

City: State: ZIP:

Current Service Providers:

List All Numbers to Port:

Billing Telephone Number (BTN) for all ported numbers

Customer Requested Port Date

PLEASE DO NOT PLACE ANY NEW SERVICE ORDERS WITH YOUR CURRENT SERVICE PROVIDER ON THIS ACCOUNT, AS THIS WILL CAUSE A DELAY IN PORTING YOUR NUMBERS.

A Bill copy is REQUIRED to authorize ownership of number(s). Please include a summary copy containing company name and the numbers owned. See your Sales Representative for further information.

By signing below I designate TeleVoips or its designated agent to transfer my service from my current provider to TeleVoips. By signing below I also authorize TeleVoips or its designated agent to transfer my current telephone number used to provide service so that TeleVoips may provide its service to me. By signing below, I also authorize TeleVoips or its designated agent to obtain billing information, customer service records and other network information required to provide me with TeleVoips service. I understand that I may consult with TeleVoips as to whether a fee will apply to the change.

*****The person signing this LOA form must be an authorized user on your current service provider account.*****



X _____



Signature Certificate

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Audit

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This audit trail report provides a detailed record of the online activity and events recorded for this contract.