PRECISION COMPUTER

Letter of Authorization – (Keep My Phone Numbers) v08012013

Current Provider Customer Information

Date:

	Authorized Signer	Billing Contact
Name		
Contact		
Title		
Phone		

Current Billing and Service Location Information

	Billing Address	Service Address
Name		
Address		
Address2		
City, State Zip		
County		

Phone Number Porting Details

Desired Port Due Date (Must be no less than 7 business days. Your transfer is NOT guaranteed to be on this date)			
Current Service Provider		Account Number	

Please list all numbers to be transferred below

Current Account or Billing Telephone Number (ATN or BTN)			
Partial Port	Yes ☐ No ☐	*If Partial Port Please Specify New ATN/BTN*	

Notes:

- Please include a copy of your last bill with this Letter of Authorization
- Ensure all information matches EXACTLY what your current provider has on file now. Do NOT provide new service information.
- Do NOT call your current provider to cancel your service or you will not be able to keep your number
- We will contact you via email or a service ticket when a number transfer date has been scheduled
- When your number transfer is complete you should then contact your old provider to ensure the old services are cancelled
- Please ensure all forms are legible and fully completed

By signing below, I verify that I am, or represent (a business), the above-named local service customer, authorized to change the primary carrier(s) for the telephone number(s) listed, and am at least 18 years of age. The name and address I have provided is the name and address on record with my local telephone company for each telephone number listed. I authorize Precision Computer or its designated agent to act on my behalf and notify my current carrier(s) to change my preferred carrier(s) for the listed number(s) and service(s), to obtain any other information Precision Computer deems necessary to make the carrier change(s), including, but not limited to, an inventory of telephone lines billed to the telephone number(s), carrier or customer identifying information, billing addresses, and my credit history.

Customer Authorized Signature:	
Printed Name:	
Title:	
Date:	

Please scan and email all signed documents to support@precision-computer.com

Thank you! We appreciate your business!