 Envoi Networks, Inc. |21721 Filigree Court, Suite 2075, Ashburn, VA 20147

[www.envoi.com](http://www.envoi.com/) Phone: 571-620-2500 **|** Fax: 571-620-2510 **|** Email: [info@envoi.com](mailto:info@envoi.com)

**Letter of Agency (LOA)**

**Local Number Porting Request Form**

**My signature below certifies that I am the customer of record or the authorized representative for payment for each of the telephone numbers listed below.**

For each of the telephone numbers listed herein and on Attachment A, I appoint Envoi Networks, Inc. (hereinafter “Envoi Networks”) to act as my Agent for the purpose of collecting my account information with my current local telephone carrier or provider (hereinafter “Provider”).

By selecting Envoi Networks to act as my Agent to research my current services with my current Provider of local telephone service, **I am authorizing** the change of my local telephone Provider from that/those, which I am currently using to Envoi Networks. This authorization will only expire by written notification.

|  |
| --- |
| **Billing Telephone Number (BTN):** |
| **Losing Carrier:** |
| **Losing Carrier Account Number:** |

**LOA Instructions:**

1. Only one (1) BTN & Carrier may be associated with each LOA. If you have additional BTN's, you must submit an LOA for each BTN. Please contact your Envoi Networks representative if you need assistance identifying each BTN.
2. Please provide a copy of the most recent losing carrier invoice for the BTN listed above (Must include ALL pages). **The information on this LOA MUST match the attached losing carrier invoice.**
3. Use Attachment A for listing all telephone numbers associated with this BTN.

**Please Complete The Following Information:**

This information MUST match your current invoice and account information.

|  |  |
| --- | --- |
| **Customer (Company) Name:** |  |
| Service Address: |  |
| City, State, Zip Code: |  |
| Authorized Account Contact: (Please call and ask your phone company if not sure) |  |
| Title: |  |

**Authorized Account Contact Signature:**

|  |  |
| --- | --- |
| **Signature:** | Date: |

**Please fill Attachment A for all telephone number porting related to this BTN (Billing Telephone Number)Attachment A**

|  |  |
| --- | --- |
| **Billing Telephone Number (BTN):** |  |

Only one (1) BTN may be associated with each LOA. If you have additional BTN's, you must submit a LOA for each BTN. Please contact your Envoi Networks representative if you need assistance with identifying the proper BTN.

|  |  |  |
| --- | --- | --- |
| Telephone Numbers **To Be Ported** | Requested Port Date\* | ***Instructions:*** |
| **List telephone numbers here (one per line):** | \_\_\_\_\_\_\_\_\_\_\_\_  Port Date | *The numbers listed in this table WILL be ported. Please clearly indicate the use of each number and if any numbers are associated with a DSL line or if a part of a Centrex type service.*  *For example:*  *111-111-1111, Main Number*  *111-222-2222, Fax Number* |

**If you need any assistance or have questions, please do not hesitate to contact our friendly**

**Customer Support by email** [**support@envoi.com**](mailto:support@envoi.com) **or call 877-495-9604 opt. 2**