



# MPH

## MY PBX HOST LETTER OF AUTHORIZATION

Dear Customer:

Thank you for choosing MY PBX HOST as your Support service provider. As you are aware, you may continue to use your existing telephone number with MY PBX HOST VOIP service. In order to transition your current telephone number to MY PBX HOST VoIP service, MY PBX HOST 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 MY PBX HOST VoIP Services. You will then be able to use your old number with your new MY PBX HOST service.

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

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

Street Address: (Service Address) \* \_\_\_\_\_  
(Local US address needed)

City \*: \_\_\_\_\_ State \*: \_\_\_\_\_ ZIP \*: \_\_\_\_\_

Current Service Providers \*: \_\_\_\_\_

Current Account number \* : \_\_\_\_\_

Type of Traffic (ex. voice, fax, calling cards): \_\_\_\_\_

Forecasts (in minutes): \_\_\_\_\_

Telephone Number Begin	Telephone Number End	Provide BTN (Billing Telephone Number) for all ported numbers	SSN code *mandatory for wireless or mobile numbers	PIN CODE *mandatory for wireless or mobile numbers	Customer Requested Port Date

**PLEASE REMOVE ANY FEATURES (i.e. Hunt Group) ASSOCIATED WITH THESE NUMBERS PRIOR TO SUBMITTING THIS LOA. ADDITIONALLY, 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.**

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

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Signature:** \_\_\_\_\_

**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**