



Provide Proof of Ownership of your Telephone numbers.

In order for Fonality to port your numbers away from your current carrier, we need you to provide proof of ownership of your phone numbers.

Acceptable Proofs of Ownerships (Any of these 3 options are acceptable):

1) **COPY OF CURRENT TELEPHONE BILL:** (Bill must not be older than 30days).

***Bill must include the following information:**

1. Name of Company or Authorized Name on the account.
2. Company Address based on carrier's records.
3. ALL Numbers requested for porting **MUST** be present on the bill (please encircle numbers on bill)

*****If your Bill is missing any of these items, you may submit the following:**

2) **SCREEN SHOT OF ONLINE BILL-** A screenshot or print out of your online bill from your current carrier.

3) **CUSTOMER SERVICE RECORD (CSR):** A Customer Service Record is a document which your current carrier is obligated to provide you upon your request. CSR's should include all necessary information required to port. Please contact your carrier directly to obtain your Customer Service Record.

IMPORTANT NOTICE: If you are porting numbers from multiple accounts/carriers, you **MUST complete a separate LNP form for each account. (See next page for LNP form).**



Line Number Porting Form

***Your Fonality Server ID#:** _____ (*required*)

Please fill this form as it appears from your current carrier. It is very important that the information submitted **MATCH EXACTLY** as per your carrier's records.

Service Address: (Primary address where the telephone service is located. **NO P.O. BOXES**)

Street Number	Street Name (e.g. Main Street)	
<input type="text"/>	<input type="text"/>	
Suite/Floor#	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>
Zip Code		
<input type="text"/>		

Billing Address: (This must be an exact match from your phone bill)

Check if same as service address

Street Number	Street Name (e.g. Main Street)	
<input type="text"/>	<input type="text"/>	
Suite/Floor#	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>
Zip Code	Current Phone Company	
<input type="text"/>	<input type="text"/>	



Authorization/Signature Page

Local Number Porting Request Letter of Agency

I wish to select Fonality as my provider for Telecommunications services.

I would like to change my local, regional, and long distance telecommunications services provider to Fonality for the numbers listed in the attached phone number table.

NOTICE REGARDING BILLING AND USAGE-RELATED INFORMATION

In the course of providing service to you, we will possess certain billing and usage-related information about the quantity, type and destination of telecommunications services you use. You have a right, and we have a duty, to protect the confidentiality of this information. This information may be useful to tailor our products and services to your needs and to enhance our ability to meet all of your telecommunications needs. By checking the authorization box on this document, we will use your billing and usage-related information to offer you other Fonality (or its affiliates) products or services that may satisfy your needs and to respond to your concerns if you have become dissatisfied or cancel any of our services. Of course your decision will not harm the quality of service provided, and we will honor your choice until you expressly tell us otherwise.

(CHECK HERE) I authorize Fonality, its affiliates, or its agents, to use billing and usage information related to my account to see if I would benefit from other telecommunications services offered by Fonality, its affiliates, or its agents, and market them to me.

*Customer Name/Signature should be the primary account holder.

Company Name:	Customer Signature: X
	Customer (Printed Name):
Date Signed:	Title:

My signature on this form authorizes Fonality and its affiliates or agents to act as my agent for the purpose of ordering, changing and/or maintaining communication services, including but not limited to local exchange, intraLATA and/or interLATA telephone services. Fonality is also authorized to obtain billing information, customer service records and other network information required to provide my telephone service. I understand that I may consult with my new service provider as to whether a fee will apply to change my preferred carrier. I understand that I may designate only one primary interexchange carrier for any one telephone number for interLATA and where applicable intraLATA usage. Selection of Fonality will apply to the telephone number(s) listed on this form.

THIS AUTHORIZATION REVOKES ANY PREVIOUS AUTHORIZATIONS REGARDING MY LOCAL, INTRALATA AND/OR INTERLATA TELEPHONE SERVICE AND SHALL REMAIN IN EFFECT UNTIL MODIFIED OR REVOKED IN WRITING.



Phone Number Table

STOP! Numbers you list here MUST match the numbers you have ordered. If you would like to add/change/remove any numbers please contact us at: (877) 366-2548 Select 1, then 4.

Check and fill account number and PIN if porting a Cellular/Wireless phone

ACCT _____ PIN _____

Telephone Number	Current Carrier	Billing Telephone Number *Check one
		<input type="checkbox"/>
		<input type="checkbox"/>
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