



LETTER OF AUTHORIZATION

Local Number Portability

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For

_____ <Legal Customer Name>

To minimize delays, please make sure that all required information is included.

Date: _____

To: _____ <Name of Current Service Provider>

Reseller Name: _____ <Optional>

This Letter authorizes _____ to act as _____ 's agent for the purpose of changing _____ 's preferred carrier and porting the telephone numbers listed below from the current service provider to the Neutral Tandem DBA Inteliquent's managed network (Local Number Portability, "LNP").

_____ hereby authorizes Neutral Tandem DBA Inteliquent and it's providers to obtain information about and/or copies of our network services configuration and to order and manage negotiations for the transfer of local telecommunications service for the telephone numbers listed below.

Customer Information: As given on existing customer phone bill.

Name: _____
Street Address: _____
City: _____
State: _____
Zip Code: _____

This letter of authorization will be effective for Preferred Carrier Change and LNP purposes only and does not permit Neutral Tandem DBA Inteliquent to acquire any additional information not pertaining to this matter.

Signature: _____

Printed Name: _____

Date: _____

**Please attach a copy of the most recent phone bill.

TELEPHONE NUMBERS THAT WILL BE PORTED FROM:

Please place the TNs below.

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Scan and e-mail copies to your Sales Representative.

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