



LETTER OF AUTHORIZATION

TO WHOM IT MAY CONCERN: This is to notify you that until further written notice, we have selected Voxbone., as our primary telecommunications provided for Local Services. Please release these numbers for Local Portability.

Current provider details (all fields are mandatory):

Name of current provider:

Address:

City:

State:

Post code:

Customer details (all fields are mandatory):

Name of customer:

VAT number:

Address:

City:

State:

Post code:

This authorization applies to the following numbers:

Include all associated lines: *Yes / No*



I am also authorizing Voxbone to obtain copies of our current customer service records and equipment listings.

Should you have questions or concerns, please contact me at the number listed below.

Thank you for your prompt attention to this matter.

Yours truly,

_____ Authorized Representative (Signature)*

_____ Authorized Representative (Hand written name)*

_____ Date*

_____ Place*

_____ Company Name (when applicable)*

_____ Company Telephone Number*

***Mandatory**