



LETTER OF AUTHORIZATION

Local Number Portability

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For

YOUR BUSINESS NAME <Legal Customer Name>

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

Date: TODAYS DATE

To: CURRENT PHONE PROVIDER <Name of Current Service Provider>

Reseller Name: CAN LEAVE BLANK <Optional>

This Letter authorizes ZOOM to act as YOUR BIZ NAME 's agent for the purpose of changing YOUR BIZ NAME '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"). YOUR BIZ NAME

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: YOUR BIZ NAME
Street Address: YOUR BIZ 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.

Scan and e-mail copies to your Sales Representative.

**TELEPHONE NUMBERS THAT WILL BE PORTED FROM:**

Please place the TNs below.

NUMBERS YOU WISH TO PORT

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Please place the TNs below.

Scan and e-mail copies to your Sales Representative.

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