

Toll Free PORT COVER SHEET

PBNext - 26895 Aliso Creek Road , PO BOX B-501, Aliso Viejo, CA 92656-5301

Name:

Organization:

Fax:

Phone:

From: PBNext Support

Date:

Subject: Request to port over or purchase NEW TOLL FREE number

Pages: 2

	Urgent	X	Reply ASAP		Please Comment		For Your Records
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The second page of this fax is for you to fill out. If you are porting a current working number, Please attach **your current bill** and return it with the second page to us. If you are requesting a new number, please mark "New" on the second page. If you want a new random number, just write in "Random" and check "new." It will take up to 14 days to add the new toll free number onto your account. Any port requests without a current bill will be rejected. We will need the entire bill to prove your identity to your current carrier.

Let me explain what goes in each section, although it is mostly plain forward.

In the "Customer Name" field you will have to fill in the name of the person or organization that has ownership of the number currently. If the bill is registered to "Jacks Phone Co" you must put in just that.

In the "Customer address" field, please fill in the billing address of this toll free number. Note, that this might be different then your address. "Initiator name" and "Initiator phone" number is for you to put in your name and phone number in which we can reach you at to verify that this is what you wish to do or have any problems.

Put in the number you are porting in the "number" field, sign and return fax to:
877-485-4585

Remember, there is a one time fee to do this and please attach the first page of your bill if you are porting over a current number. If you are purchasing a new number, you do not need to worry about this.

Costs: To add any additional number costs \$19.95.

This is a one time charge. There will also be an additional **\$2.95 per month** for each additional number on your account.

Letter of Agency to Change Telephone Service Provider TOLL FREE (8xx) NUMBER

Customer Information	
Account ID:	Sales Rep ID:
Customer Name:	Order Date:
Customer Address:	Initiator Name:
Current RESPORG/Carrier:	Initiator Phone:
New RESPORG: AUA38 (ATL)	Order Number (internal use):

Number	Type	Action
	Toll-free	New Port

(Use another sheet for additional numbers. Include the first page of each bill with this form.)

1. **Identity of Principal:** This Letter of Agency (LOA) pertains to the toll-free (8xx) numbers listed above (“number(s”).
The company listed above under Customer Name (“Customer”) currently subscribes to the carriers/RESPORGs listed above (“Telephone Company”) as the Customer’s preferred telephone service provider for Telephone Company acts as the Responsible Organization (“RESPORG”) for Customer’s toll-free number(s) listed above. The undersigned has the necessary authority to sign this LOA on behalf of the Customer.
2. **Authorization of DelTel to Act as Customer’s Agent.** Customer hereby authorizes DelTel, Inc. and its partners, suppliers, and vendors (“DT”) to act as Customer’s agent for the purpose of changing the Responsible Organization (“RESPORG”) (for toll-free numbers) from Telephone Company to DT (“move Customer’s numbers”), and DT hereby accepts such authority.
3. **Customer acknowledges that Customer is not an agent for any third party.** Customer represents and warrants that it is the exclusive end user subscriber of the toll-free number(s) listed herein and agrees to indemnify, defend and hold DT harmless from all liability and expenses for any breach of that representation and warranty.
4. **Customer understands that DT utilizes several telecommunications carriers/partners** to provide connectivity to the PSTN (public switched telephone network). While carriers/partners provide services to DT and not directly to Customer, DT utilizes these carriers/partners to move Customer’s number(s). Customer understands that DT will select one of its partners to initially move Customer’s number(s). Customer further understands that DT may, at any time, at its sole discretion and without notification, change the carrier/partner used for Customer’s number(s), provided that such a change does not cause any outages or adversely affect Customer’s telephone services (except during regularly scheduled maintenance windows).
5. **Customer understands that, for the purposes of completing this request, DT may need to obtain information from Telephone Company. Customer authorizes DT to obtain account information from Telephone Company.** This includes, but is not limited to, general account information, all customer proprietary network information (CPNI), and all other Customer Service Records.
6. **Revocation of Previous LOAs.** This LOA revokes all previous LOAs provided to the BTNs and/or toll-free numbers identified above.
7. **Effective Date and Term of Agency.** This LOA takes effect on the date this letter is signed and will remain in effect until canceled or revoked by Customer.
8. **Customer understands** that this authorization is in accordance with all applicable DT tariffs and any accompanying terms and conditions therein.

PRINTED NAME / TITLE

SIGNATURE

DATE