

PHONE NUMBER (DID) PORT REQUEST FORM

Letter of Agency for Port of Number(s) to Virtel Voice LLC

The undersigned Customer hereby appoints Virtel Voice LLC to act as its authorized agent for all matters pertaining to the phone number(s) listed below. This agency includes without limitation, the ordering or rearrangement of service assignment of primary carrier service requests, disconnection of service and other requests as deemed necessary by Virtel Voice LLC to implement the local services ordered under Virtel Voice LLC and authorizes Virtel Voice LLC to deliver services to the Company in accordance with the Virtel Voice LLC Service Agreement found at www.virtelvoice.com/serviceagreement.

Company Name: _____
(As it appears on customer's bill)

Company Billing Address: _____

City: _____ State: _____ Zip: _____

If different then billing address please provide physical address: Location # _____

Physical Address _____

City: _____ State: _____ Zip: _____

Contact Email: _____ Contact Phone #: _____

Print Name: _____ Title: _____
(Please PRINT clearly or the Request will be REJECTED)

Authorized Signature: _____ Date: _____

Enhanced Caller ID with Name required: Yes _____ No _____

Phone Numbers to be Ported and Current Carrier:

_____	_____
_____	_____
_____	_____
_____	_____

Steps for submitting Port Request:

1. Please fill out form completely and sign above.
2. Provide us with a copy of your most current phone bill. Copy must contain the name on the account, address, and phone number(s) listed above.
3. Fax this form along with a copy of your bill to 888-714-8224, email to porting@virtelvoice.com, or hand in person to a Virtel Voice representative.

Ports may take 4 to 6 weeks to complete.

DO NOT DISCONNECT THE NUMBER YOU WANT PORTED

Internal Use Only:

Date Received: _____ Date Submitted: _____ Date Completed: _____