

Important: You must **attach a copy** of your entire most recent phone bill, and form must be **filled out completely** to be accepted. If more space for numbers is needed, please attach a spreadsheet.

Company Name ("Customer" on phone bill)

Today's Date

Billing Telephone Number (BTN)

Requested Transfer Date (no more than 30 days from today's date)

Current Service Provider

Current Service Provider Account Number

Individual Telephone Number to be Ported
Ex: 5551234567 (no spaces, dashes, or "1")

Telephone Number Ranges to be Ported			
Area code	Prefix	Start Range	End Range

Service Address (must match account exactly and cannot be a P.O. Box)			
Street Address (including STE #)	City	State	Zip

(Optional) Outbound Caller ID Name (CNAM, 15 character max)

Directory Listing (geographic restrictions may apply)		
Company Name	Phone Number	Heading

"Customer" referenced in "Company Name" authorizes, VOXOX, Inc. to initiate the Local Number Porting (LNP) of the numbers contained herein; and grants VOXOX, Inc. sole discretion of which Service Provider is used.

Authorized Representative (Print Name)

Authorized Representative (Signature)