



VOIPO Letter of Authorization

Thank you for selecting **VOIPO**. Upon receipt of this form, we will start the transfer process and work with your existing carrier to transfer your number/s. The porting process typically a few business days, but in extreme scenarios can take longer. For more information regarding porting, please visit <http://support.voipo.com>

- 1) Once this form is submitted, the porting request cannot be canceled for ANY REASON.
- 2) If you have *distinctive ring*, a *PIC freeze*, or a *carrier change restriction*, you may need to remove it prior to porting your number(s). If you have a contract with your current provider that prohibits porting, you may not be able to port your number(s).
- 3) The service address and name on this form must be the same as the records of your current provider, or your transfer request will be rejected or delayed.
- 4) Do NOT call your existing carrier to cancel service while we are attempting the transfer, or you may not be able to keep your telephone number/s. Only active numbers can be transferred. (To verify that your account has been cancelled, contact the carrier five business days after the transfer completes.)
- 5) If your old provider or a carrier partner requires it, we may need a copy of your phone bill or a screenshot of your account information. This is usually not required, but we recommend sending it if you have it.

First and Last Name _____	Number(s) to Transfer _____
Service Address On File With Provider _____	_____
_____	_____

Name of Current Provider _____	Optional Info Required By Some Losing Providers Usually Only Wireless and Magicjack Transfers
Current Provider Account Number _____	Last 4 of Social (Optional) _____
	Porting PIN (Optional) _____

By signing below, I authorize **VOIPO** LLC or its designated agent to act on my behalf and port the telephone number/s listed on this form to **VOIPO** or its agent. I authorize the release of any information from my existing telephone provider to **VOIPO**. I understand all fees associated with **VOIPO** services and/or this transfer and understand that I may consult with **VOIPO** at 949-829-4200 for such information. I am authorized to make these changes for the telephone number/s referenced above.

Signature: _____ Date: _____
MM/DD/YYYY

Please return this form (required) and a copy of your current bill (optional) to us by e-mailing it to us at support@voipo.com or **faxing** it to us at **949-829-4201**. You will be notified by email when the port is submitted and when an estimated completion date has been set.

Thank you for choosing VOIPO! We value your business and look forward to serving you.