Porting Letter of Authorization (LOA)

1. Customer Name (your nam	ne should appea	exactly as it o	does on your telephone bill):
First Name		Last Name	
First Name		Last Name	
Business Name (if the service is in your company's name)			
2. Service Address on file wit location and cannot be a PO E	•	arrier (Please r	note, this must be a physical
Address			
City	State/Province	2	Zip/Postal Code
Phone Number*		Service Prov	ider
()			
()			
*If you have more than 4 numbers, please list on an extra page			
By signing the below, I verify to service customer, authorized to listed, and am at least 18 year and address on record with my authorize WhatConverts (the "notify my current carrier(s) to service(s), to obtain any inform change(s), including, for examinumber(s), carrier or customer history.	that I am, or reproperties of age. The name of the nation the Company of the nation that nation the nation th	resent (for a burnary carrier(s) me and address company for eadesignated agents and deems neces of telephone li	for the telephone number(s) I have provided is the name ach telephone number listed. I ent to act on my behalf and for the listed number(s) and essary to make the carrier nes billed to the telephone
Authorized Signature	P	rint	Date