

Please read carefully before filling out!

Letter of Authorization

All information must match the current invoice or bill "Exactly"



Ticket Number

This form is intended for customers who have an open ticket with us

Customer Name

Authorized person as it appears on the current invoice or bill

Billing Telephone Number

Main phone number the current carrier has on account

Customer Address

As it appears on the current invoice or bill

City

State

ZIP

Full Account Number/Name

Account Pin

If applicable

Please fill in ALL numbers to be ported. If numbers are from multiple carriers, fill out a separate LOA form for each carrier

Print Full Name

Date:

Signature Here

