



Letter of Authorization For Local Number Porting (LNP)

The undersigned hereby authorizes **USA Digital Communications** to act on the Customer's behalf to port the numbers listed below.

Porting TNs

(Please use ranges whenever possible; attach separate sheet as required)

_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please note: all numbers must be ACTIVE with the current carrier in order to be ported. Confirm there are no freezes on the numbers prior to submitting order as this will cause the order to be rejected. If there is a passcode on the account, please advise your USAD contact.*

Portability Information

Requested Port Date:	_____ / _____ / _____	(Must be at least 10 days from date submitted to USAD. Please note: this date is not guaranteed. USAD will notify you of the confirmed date upon FOC.)
Current Provider:	_____	
Account Number:	_____	
Existing Billing Telephone Number (BTN) with current provider:	_____	
Will you be porting this BTN?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this a Full or Partial Port?	<input type="checkbox"/> Full <input type="checkbox"/> Partial	(Full Port-BTN and all numbers associated will be ported) (Partial Port-Only a portion of the numbers under the BTN above will be ported)
New BTN (if partial and current BTN is to be ported):	_____	

Customer Information

(Enter Name & Address EXACTLY as it appears on the **Customer Bill Copy** of the current provider)

Company Name:	_____
Service Address:	_____ _____ _____
Billing Address:	_____ _____ _____
Authorized Printed Name:	_____
Authorized Signature:	_____
Date:	_____ / _____ / _____ (Must be dated within 30 days to be valid)