

Porting Letter of Agency

Please provide your name as it appears exactly on your current telephone provider bill:

First Name	Last Na	ime	
Organization Name (If service is i	in a Company or Organiza	ation name)	
Please provide the Service Addres must be a physical address, PO Bo		nt telephone provider (Please note, <i>this</i> r 911 Service:	
Address			
Suite, Apartment, Unit, etc.			
City	State	Zip/Postal Code	
Please list the Telephone Number(s) which you authorize to change from your current telephone provider to Kellin Communications:			
		to change from your current telephone	
provider to Kellin Communication	ns:		
	ns:	to change from your current telephone one Service Provider	
provider to Kellin Communication	ns:		
provider to Kellin Communication	ns:		
provider to Kellin Communication	ns:		
provider to Kellin Communication	ns:		
provider to Kellin Communication	ns:		
provider to Kellin Communication	ns:		
provider to Kellin Communication	ns:		
provider to Kellin Communication	ns:		

^{*}Please list additional numbers on an additional page



I authorize Kellin Communication or its designated agent to act on my behalf to:

- Notify my current carrier(s) to change my preferred carrier(s) for the listed number(s) and service(s)
- To obtain any information that deemed necessary to make the carrier change(s), including but not limited to: an inventory of telephone lines billed to the telephone number(s), carrier or customer identifying information, billing addresses, and my credit history.

I also acknowledge:

- This form has been completed to the best of my ability and knowledge
- The name, address, and company name if applicable I have provided are the ones on record with my current telephone service provider(s)
- I verify that I am, or represent the above-named telephone service customer, authorized to change the primary carrier(s) for the telephone number(s) listed above
- I am at least 18 years of age
- That I must keep all numbers in service with my current carrier until the port completes to avoid delays or rejections
- I am responsible for any termination charges imposed by my current carrier for porting my number(s)

Authorized Signature	Printed Name	Date		
Please attach a copy of your last phone bill(s) for the phone numbers to be ported:				

Please use the notes field above to provide notes to the porting agent on features that should be added to the telephone number(s) including Fax or SMS. You can also provide any notes like a desired port date & time, PIN codes, or other notes that may help the porting agent complete the port as requested.