Voice Logic LLC. LNP Letter of Authorization

WARNING: If you cancel your existing service before the number porting has been completed, you might not have a way to recover your phone number. Do not cancel your current service until you have received notification from VoiceLogic that your port has been completed.

Statement of Authorization

The undersigned Customer agrees that they posses the legal authority to authorize VoiceLogic, its preferred carriers, subsidiaries, and/or authorized agents to make any and all inquiries necessary for the obtaining necessary information to obtain and maintain services. The Customer acknowledges that they have the legal authority to authorize VoiceLogic, its preferred carriers, subsidiaries, and/or authorized agents to act as Customer's agent for the purpose of taking any and all actions required to transfer the services on the telephone number(s) listed below to VoiceLogic

Account Information

Please list the telephone numbers you would like to port below. All of the phone numbers must have the same service address. For more than one service address, please use additional copies of this form.

(Note that all TN's listed below must be associated with this Company Name)

Street Address: (Service Address)______

	City:	State:	ZIP:	
	Phone Number		Туре	
currer currer me. By inforn	nt provider to VoiceLog nt telephone number u y signing below, I also a	gic. I also authoriz sed to provide se authorize VoiceLo	signated agent to transfer my se VoiceLogic or its designated rvice so that VoiceLogic may p gic or its designated agent to her network information requi	l agent to transfer my rovide its service to obtain billing
Name):	Sign	ature:	
Date:				

A Bill copy is REQUIRED to authorize ownership of number(s). Please include a summary copy containing company name and the numbers owned. Please contact an account manager with any questions.