



Letter of Authorization (LOA) to port my fax number to FAXtopia

Customer requests their fax number service be ported to FAXtopia.com. The undersigned confirms they have the authority to order these changes.

Do NOT cancel your number at the current carrier before it formally transfers

Your Main Billing Telephone Number (BTN) _____ - _____ - _____

Your Current Provider: _____

Please port the following fax number(s) to FAXtopia:

(_____) _____ - _____ (_____) _____ - _____

Current billing information for the above number(s):

Your Company Name: _____

Billing Address: _____

Service Address: _____

City: _____ **St:** _____ **ZIP:** _____

By Signing below the customer accepts the terms of this LOA.

Print Name Authorized Signature Date

Your e-mail address: _____

Porting takes approximately 3 to 10 days, depending on the carrier

Fax form to (561) 801 7727 or e-mail to support@faxtopia.com