



Authorization to Port Your Phone Numbers to FTS



Company (Customer): _____
(as it appears on your current telephone invoice)

Authorized Name on Account: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Physical Location Address (if different from above): _____

City: _____ State: _____ Zip: _____

Who is your *current local telephone company*? _____

What is the main Billing Telephone Number on your current account? _____

What is the Telephone Number you want to PORT? _____

Are you porting more than one Number? Y _____ N _____ If yes, list the other numbers below

You are not able to PORT telephone number(s) that you do not personally own.

Letter of Agency (LOA)

To: All concerned Local Exchange Carriers, Interexchange Carriers, Other Common Carriers, Resellers, Consultants, Joint Users Members, and Equipment Vendors. The above listed customer hereby appoints FTS to act as its agent in all dealings with: **a.** Local Exchange Carriers **b.** Interexchange Carriers **c.** Other Common Carriers **d.** Specialized Common Carriers **e.** Resellers **f.** Consultants **g.** Joint Users Groups **h.** Equipment Vendors

For the purpose of ordering, changing and or/maintaining communications services including but not limited to, local services, long distance services, private line services, the transfer of unbundled loops/circuits, the use of the high frequency portion of loops for the line-sharing, and number portability. FTS is also authorized to obtain billing information, customer service record (CSR), and credit information.

All information must be completed. Any incorrect or missing information will result in processing delays and/or rejected orders by the losing carrier.

THIS AUTHORIZATION SHALL REMAIN IN EFFECT UNTIL MODIFIED OR REVOKED IN WRITING

SIGNATURE: _____ **DATE:** _____

PRINT OR TYPE NAME: _____ **Title:** _____

Email LOA to Service@ftstelecom.com or fax to (407) 331-9429. Questions call (407) 331-8622