

Attn: LNP Department

**Letter of Agency**

Date:

Customer Name:

Customer, by its authorized representative signed below, hereby seeks a Preferred Carrier Change from the services of       and requests that the telephone numbers listed below be ported to AcenTek.

(*enter your current carrier*)

NEW Resp Org Field: \_     \_\_\_\_\_\_\_\_\_

Telephone Numbers:

Current Carrier Account Number:

Current Carrier Pin/Password:

For the purposes of clarification, this letter is effective for Preferred Carrier Change and Local Number Portability purposes only.

Print Name:

Signature:

Address:

City, State, Zip:

Contact Phone Number:

Rev. 03/26/14

To complete the transfer of service, you must mail or email a current copy of your full phone bill. The current telephone number you wish to port must be active and stay active with your local provider, until the port has completed.