

Letter of Authorization – Local Number or Toll Free Number Portability Request

Local Number or Toll Free Number Portability Request		
Date: Partner Name: A Partner Contact: Partner Enterprise	Karl Koelker	
The Local or Toll	Free number(s) to be ported - below (separa	ted by commas):
Porting away fron	n RESBORG Name (phone company):	
Please attach fronumbers to be p	ont page of phone bill displaying billing na ported.	ame and telephone
Porting to RESPE	BORG Name – MDUO1	
Customer Compa	any Name:	
Customer Service	e Address:	
Print Name:		Date:
Authorized Signa	ture:	
Please fax to: E-mail to:	972.380.0118 or 800.879.5600 OR scan a ANSWERUS@VRIMAIL.COM	and

972-380-8400 - 800.879-3500

Office: