

# LOA - Letter of Agency Document (Sequential Local Number)

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## Billing Information

Must match the current information on your bill

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Business Name \_\_\_\_\_

Billing Address (on file with current Provider) \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

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## Authorized Service Name and Address (CSR Record Information)

Must match current carrier's listed details

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Billing Address (on file with current carrier) \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

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## Please provide the name of the current Responsible Organization

If known \_\_\_\_\_

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## List Local Telephone Numbers to be Ported

### Phone Number Range

Beginning Number	Ending Number	Billing Telephone Number (BTN)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any errors or omissions will result in a port delay.  
RespOrg use only: You may contact us at TollFreeSupport@callsource.com

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## Local Number Portability Checklist

- Local Carrier contact to remove any existing features from number(s).
- Number(s) to be ported moved and replaced from Hunt Group/PIC Freeze.
- Local Carrier contact to have Customer Service Address verified if different from Billing Address.
- Local Carrier Contacted to verify Billing Telephone Number on record.
- Local Carrier contacted to verify if Local Number is portable.
- Letter of Agency completed, signed, dated with verified information above.

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## Authorization

I authorize **CallSource** to transfer service from my current provider to **CallSource** and to transfer my telephone number(s) listed above to **CallSource**. I also authorize **CallSource** to obtain billing information, customer service records, and other information in order to provide me with service on the **CallSource** network. I understand that I may consult with **CallSource** as to whether a fee will apply to the change.

Authorized Printed Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Authorization Date \_\_\_\_\_

**Note: Please send a digital copy of this document to your CallSource representative or you may fax it to (888) 593-1999.**