



LETTER OF AUTHORIZATION FOR NUMBER PORTABILITY

This letter is to authorize Telnix to act on behalf of:

(Customer's Billing Name)

(Customer's Billing Address)

(Service Address if different from above)

To act as our agent in the matter of: **Number Portability**

Telephone Number(s):

(Please use additional page if needed)

Current Voice Carrier:

Current Account Number:

Name and Surname (in capital letters):

Title/Position:

Signature: *

Date:

(*In case of a company, director's signature is required)

