



**Letter of Agency**  
**Port Request**

<b>Primary Billing Address:</b>	
<b>Customer's Company Name: (as it will appear on the bill)</b>	
<b>Customer Primary Contact Name:</b>	
<b>Customer Primary Contact Phone and Email:</b>	

To Whom It may Concern:

I hereby authorize 1 Point Communications LLC Local Service Provider to obtain information about my local exchange telephone service including:

Service configurations and location information, Customer Service Record (CSR) including name, service address, service and feature description, directory listing information, long distance carrier identity, and all pending service order activity.

This authorization covers the following locations and lead billing telephone numbers and shall remain in effect until further written notice is provided. 1 Point Communications LLC is authorized to port these numbers to another provider on our behalf.

**Telephone Numbers**

Number to be Ported	Lead Billing Telephone Number	Current Local Phone Company	Comments

<b>Customer Signature:</b> _____	<b>1 PointComm Signature:</b> _____
<b>Print Name:</b> _____	<b>Print Name:</b> _____
<b>Title:</b> _____	<b>Title:</b> _____
<b>Date:</b> _____	<b>Date:</b> _____