



## Standard Letter of Agency to Transfer a Phone Number

Dear Customer:

Thank you for selecting Covoda Communications Inc. Number Portability allows you to keep your current number while changing your service provider. Upon receipt of this form, we will start the transfer process and work with your existing carrier to transfer your number. The porting process typically takes up to 10 business days.

1. If you have a distinctive ring, a PIC freeze, or a carrier change restriction you must remove it prior to porting your number. If you make changes to features or services with your existing provider, it could delay or interrupt the porting process.
2. If you have a contract with your current provider that prohibits porting, you cannot port your number.
3. The service address and name on the form must be the same as the records of your current provider or your transfer request will be rejected.
4. **DO NOT** call your existing carrier to cancel service while we are attempting the transfer, or you will not be able to keep your telephone number. (To ensure that your account has been cancelled, contact the carrier five business days after the transfer completes.)
5. Covoda Communications Inc. will need a copy of a phone bill dated within 30 days of today, which includes the number(s) to be transferred and the account holder's name.

Full or Partial Port (circle one):    Full    Partial

If partial, please indicate a new BTN for current carrier: \_\_\_\_\_

Customer Billing Name: \_\_\_\_\_ Current Provider: \_\_\_\_\_

Physical Service Address (No P.O. Boxes please): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

**For mobile numbers, please fill in the next two items:**

Your mobile phone account number: \_\_\_\_\_ Last 4 Digits of Social Security # or PIN # \_\_\_\_\_

By signing below, I designate **Covoda Communications Inc.** to transfer my telephone number(s) and service from my current provider to my new VoIP Service Provider. By signing below, I also authorize **Covoda Communications Inc.** to obtain billing information, customer service records, and any other information required to resolve any technical issues in transferring my telephone number and service to my new VoIP Service.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please be sure to sign and date this form.



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Please list the numbers to be transferred (ported)

BTN (s):	Numbers to be Ported	Caller ID	Directory Listing (yes/no)