

(800) 344-7607



www.PEOffices.com

The standard **Letter of Agency** document
(Port Request Form)

Dear Customer,

Thank you for choosing PE (*hereafter PE*) as your Local Service Provider. As you are aware, you may continue to use your existing telephone number with **PE**. In order to transition your current telephone number to the **PE** service, **PE** must work with your previous service provider to ensure that your service is uninterrupted, and where applicable, to ensure that your number is transferred.

Your current local service provider requires this letter of authorization as proof that you have explicitly authorized and requested that your service and current telephone number be transferred to another local service provider. By filling in all the information requested below and signing and dating this letter, you provide us with the authorization to initiate the process of transferring your service and telephone number to **PE**. You will then be able to use your current phone number with the new **PE** service.

**Please ensure the following information is completed accurately.
Information must be exactly as your existing carrier has record**

End-User Name (Business or Residential): _____

Person authorized to make this request: _____

Service Street Address: _____ Suite/Apt: _____

City: _____ State: _____ Zip: _____

Current Service Provider: _____

Account #: _____ Pin # (if any): _____

PHONE NUMBERS: Please list all phone number you wish to be ported

FAX NUMNERS:

PLEASE REMOVE ANY FEATURES (i.e., Hunt Group) ASSOCIATED WITH THESE NUMBERS PRIOR TO SUBMITTING THIS LOA. ADDITIONALLY, PLEASE DO NOT PLACE ANY NEW SERVICE ORDERS OR DISCONNECTS WITH YOUR CURRENT SERVICE PROVIDER ON THIS ACCOUNT, AS THIS WILL CAUSE A DELAY IN PORTING YOUR NUMBERS.

If you wish to select **PE** as your new service provider for the telephone number listed on this form, you will need to sign your initials on ALL THREE (3) lines below:

- I _____ (initials) select **PE** as the network carrier for all local calls
- I _____ (initials) select **PE** as the network carrier for all intrastate toll calls
- I _____ (initials) select **PE** as the network carrier for all interstate toll and international calls

You may not have more than one carrier for each TYPE of service above.

By signing below, I designate **PE** to transfer my phone service from my current provider to **PE**. By signing below, I also authorize **PE** to transfer my current telephone number used to provide phone service so that **PE** may provide its network service to me. By signing below, I also authorize **PE** to obtain billing information, customer service records, and other information required to provide me with service on the **PE** network. I understand that I may consult with **PE** as to whether a fee will apply to the change.

Printed Name: _____

Date: _____

Port Date Req: _____

"End-User Signature - Please Sign Completely Inside the Box"

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Please sign and date & include a copy of the most recent statement from the loosing carrier and e-mail or fax this form to: 1 844 500 0763 or phones@peoffices.com