





Company \_\_\_\_\_ Contact \_\_\_\_\_ REP \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

# CALL FLOW WORKSHEET # \_\_\_\_\_

## ~CONDITIONS~

**OFFLINE (Failover)** YES  NO

Should you loose power or internet would you like to have your phones automatically change destination. If yes, please describe the failing destination below.

**HOLIDAY (Dates)** YES  NO

Special destination for scheduled dates. Usually used for Holidays, or planned business vacation days. If yes, Please describe planned destination below.

**Hours** YES  NO

Regular business hours. This is used to route calls differently outside of regular hours. If yes please describe the after hours destination below & hours.

**Greeting** YES  NO

An initial recording, usually indicating the business name other needed information before the call begins to ring into the final destinations. Script Below if yes.



**Text Messaging (inbound)** YES  NO

If yes please list the destination (Device #) please ensure the extension assignment form has the email for that device

**Fax Enabled Voice Line** YES  NO

If yes please list the email address destination.

### INBOUND MANGEMENT

Please select the style of inbound ring group to use (hunt list or call que)  
Reference guide for description.

- HUNT LIST
- CALL QUE
- IVR

### For Hunt List or Call Que

Please list destinations: (device #)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Timeout destination:**

### IVR Diagram

Please layout the IVR menu If you have multiple IVR menus please attached additional

Press #1	_____	Press #6	_____
Press #2	_____	Press #7	_____
Press #3	_____	Press #8	_____
Press #4	_____	Press #9	_____
Press #5	_____	other	_____

**(800) 344-7607**



**www.PEoffices.com**

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

**Dear Customer,**

Thank you for choosing PE Office Solutions (*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 trans-ferred.

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 NUMBERS:**

\_\_\_\_\_

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"**

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

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