

**LETTER OF AUTHORIZATION FOR TOLL-FREE SERVICE PORTABILITY**  
**RespOrg : Letter of Agency**

ResoIrg XHI01 is authorized to act as an agent on behalf of :



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Billing name of customer (as shown on Telephone Company Equipment Record)

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Address of customer (as shown on Telephone Company Equipment Record)

**In the matter of providing 1-800/888/877/866/855/844/833 number portability for existing 1-800/888/877/866/855/844/833 numbers**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

1-800/888/877/866/855/844/833 telephone number(s) only

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Name of the **current provider**

**Authorized by :** \_\_\_\_\_

**Title :** \_\_\_\_\_

**Signature :**

**Date** \_\_\_\_\_

**NOTE:** The customer will be responsible for contacting their current toll free carrier in order to cancel any charges related to the service.

**\* Please photocopy this authorization form onto company letterhead or attach a business card.\***

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**Section reserved to RespOrg (do not fill out)**

Former Resporg ID :

New Resporg ID : XHI01