



## Letter of Authorization for Requesting a Number Port

Thank you for choosing Exabar Telecom as your service provider. You may continue to use your existing telephone number(s) with Exabar Telecom. Complete the form below so that we can transfer your telephone number(s). By filling in all of 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(s) to Exabar Telecom. You will then be able to use your current telephone number with your new Exabar Telecom service.

Customer Name: \_\_\_\_\_

Customer Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Customer Service Address: \_\_\_\_\_  
\_\_\_\_\_

List all of the telephone and fax numbers to be ported below. Ex: 512-123-4567 Use the second page for additional numbers.

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

PLEASE DO NOT PLACE ANY NEW SERVICE ORDERS WITH YOUR CURRENT SERVICE PROVIDER ON THIS ACCOUNT IF POSSIBLE, AS THIS MAY CAUSE A DELAY IN PORTING YOUR NUMBERS.

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

**A bill copy from your previous service provider is REQUIRED to transfer your telephone number(s). Please include a recent bill copy that includes the name/company, service address, and telephone number(s) to be transferred.**

**Please return the completed form by fax to 512-367-5711 or by email to [sales@exabar.com](mailto:sales@exabar.com)**

Print Name: \_\_\_\_\_

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



**Letter of Authorization for Requesting a Number Port**

A large section of the page is filled with horizontal lines, organized into three vertical columns. Each column contains 20 lines, providing a template for entering text or details related to the number port request.