

Email

PortDept@800TollFreeNow.com
Subject "A2G DESIGNS" LOA
Include all your contact info

or Fax to (813) 337 7389

1. Customer Name (your name should appear EXACTLY as it does on your local telephone bill)

First Name		Last Name	
Business Name (required only if phone service is in your Com	pany's Name)	Account Password (Very Import	ant)
2. Service Address (primary address where the tele ervice will be located. No Post Office Boxes)	phone	3. Billing Address (if different from appear EXACTLY as it does on your local	
Address		Address	
City State/Province Zip / Postal Co	ode	City State/Province	Zip / Postal Code
List below all Telephone Number(s) for which you authorize change from your current phone service provider Telephone Number (List all to be ported) Current Service Provider & Account Number (Very Important)			
* ()			
* ()			
* ()			
'Check this box, if you have additional numbers on your <u>Account with your Current Service Provider</u> that you do NOT want ported.			
5. If the number(s) to be ported is a mobile number, please provide the following information: Mobile Number Mobile Account Number			
, ,			
By signing below, I verify that I am, or represent (for busing sarrier(s) for the telephone number(s) listed, and am at least second with my local telephone company for each telephone on my behalf and notify my current carrier(s) to change my particles ($ZXS20$) deems necessary to make the celephone number(s), carrier or customer identifying informations.	18 years of age number listed. I preferred carrie arrier change(s	e. The name and address I have provide authorize A2G DESIGNS (ZXS20) or its r(s) for the listed number(s) and service), including, for example, an inventory of	ed is the name and address on designated agent to act e(s), to obtain any information
Authorized Signature	Print		Date