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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Company Name** (‘Customer’ on phone bill) | | | | |  | **Today’s Date** | | | | | | |
|  | | | | |  |  | | | | | | |
|  |  |  | | |  |  | | |  | |  | |
| **Billing Telephone Number** *(BTN)* | | | | |  | **Requested Transfer Date** *(> 9 bus. days)* | | | | | | |
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| **Telephone Numbers to be ported** *(Attach a spreadsheet if more room is needed)* | | | | | | | | | | | | |
| **Individual Telephone Numbers** | | | **Telephone Number Ranges** | | | | | | | | | |
| *EX: 5551234567 (no spaces or ‘1’)* | | | *Area Code* | | | | | *Prefix* | | *Start Range* | | *End Range* |
|  | | |  | | | | |  | |  | |  |
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| **Service Address** *(Must match account exactly and cannot be a P.O. Box)* | | | | | | | | | | | | |
|  | | | | | | |  | |  | |  | |
| *Full Address (including STE #)* | | | | | | | *State* | | *City* | | *Zip Code* | |
|  |  |  | |  | | |  | |  | |  | |
| **Outbound Caller ID Name** *(CNAM)* **- 15 Character Maximum** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  |  |  | |  | | |  | |  | |  | |
| **Directory Listing** *(geographic restrictions may apply) (Leave Blank if not req.)* | | | | | | | | | | | | |
|  | | | |  | | | | |  | | | |
| *Company Name* | | | | *Phone #* | | | | | *Heading* | | | |
|  |  |  | |  | | |  | |  | |  | |
| 'Customer' *referenced in ‘Company Name’* Authorizes Telcentris, INC. to initiate the Local Number Porting (LNP) of the numbers contained herein; and grants ‘Telcentris, INC.’ sole discretion of which Service Provider is used. | | | | | | | | | | | | |
|  |  |  | | |  |  | | |  | |  | |
| **Authorized Representative** *(print)* | | | | |  | **Authorized Representative** *(Sign)* | | | | | | |
|  | | | | |  |  | | | | | | |

\*\* Please attach a copy of your entire most recent phone bill.