|  |  |  |
| --- | --- | --- |
| **Company Name** (‘Customer’ on phone bill) |   | **Today’s Date** |
|  |   |  |
|   |   |   |   |   |   |   |
| **Billing Telephone Number** *(BTN)* |  | **Requested Transfer Date** *(> 9 bus. days)* |
|  |   |  |
|   |   |   |   |   |   |   |
| **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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|   |   |   |   |   |
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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.