

www.mosio.com

**Letter of Authorization**

For Local Number Porting (LNP)

The undersigned hereby authorizes **Mosio** to act on the Customer’s behalf to port the numbers listed below.

Current Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fill out the following information as it appears on the **Customer Service Record** (CSR) of the current carrier:

|  |  |
| --- | --- |
| Customer Name |  |
| Service Address |  |
| Service City, State & Zip Code |  |
| Email Address |  |

Please fill out the following information as it appears on the **customer invoice** with the current carrier:

|  |  |
| --- | --- |
| Billing Address |  |
| Billing City, State & Zip Code |  |

|  |  |  |
| --- | --- | --- |
|  | **Telephone Number to Port** | **PIN Number (optional)** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

Authorized Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_\_

(Must be dated within 30 days to be valid)