



BUSINESS COMMUNICATIONS EXPERTS

NocTel Communications, Inc.
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PORTING LETTER OF AUTHORIZATION

The following items must match exactly as it does on your local telephone bill.

Contact Name: _____

Business Name: _____

Service Address: _____

Billing Address: _____

Telephone Numbers:

By signing below, I verify that I am, or represent (for a business), the above -named local service customer, authorized to change the primary carrier(s) for the telephone number(s) listed, and am at least 18 years of age. The name and address I have provided is the name and address on record with my local telephone company for each telephone number listed. I authorize NocTel Communications, Inc., or its designated agent to act on my behalf and notify my current carrier(s) to change my preferred carrier(s) for the listed number(s) and service(s), to obtain any information NocTel Communications, Inc., deems necessary to make the carrier change(s), including, for example, an inventory of telephone lines billed to the telephone number(s), carrier or customer identifying information, billing addresses, and my credit history.

Signature: _____

Name: _____

Title: _____

Date: _____