

## CBN - FLX Letter of Agency (LOA) v7.28.17

## PORTING AUTHORIZATION

I, (Name)

\_\_\_\_\_ certify that I am an authorized representative of (Company name or N/A if redidential)

\_ and hereby authorize CBN-FLX to act on my behalf and to take the necessary steps in order to

port my telephone number(s) to CBN-FLX. By signing below, I understand that I am granting CBN-FLX the authority to communicate with my current telephone service provider(s) as well as complete any and all paperwork on my behalf in order to port my phone number(s) away from my current telephone service provider(s) to CBN-FLX. I understand that either my electronic or written signature of this request may be accepted. I agree to send CBN-FLX a current telephone bill copy as described at the top of this form. I understand that I will be informed if my number is not portable to the CBN-FLX.

Do not includ	ch an excel sheet for ad de Toll-Free numbers ir				6 7 8 9 10			
3 4 5 Please attach Do not includ					8			
4 5 Please attach Do not includ					9			
5 Please attach Do not includ					-			
Please attach Do not includ					10			
Do not includ								
Account Nun	de Toll-Free numbers ir	this form						
			ADDITIONAL	PORT	ING INFO	RMATION		
	mber:				Billing Tel	ephone Number:		
*PIN/SSN:					**New BT	N:		
Please provid	ide the PIN or the last 4	digits of the Socia	al Security Numbe	er (SSN) v	when portin	g a wireless number		
*Partial Ports	s - If you are porting the	BTN, please ider	ntify a new BTN fo	or the nun	mbers being	left behind.		
een succe	essfully ported an	d is active on	CBN-FLX. To fer to your Ter	o do so ms of S	will cau	rovider until you recei se you to lose your ph greement for informat	one number(s	). Cancellation

Company Name:	Service Address:				
Authorized Name:	Email Address:				
Authorized Signature:	Title:		Date:	Recv'd	