



## LETTER OF AUTHORIZATION

1. **Company Name:** Your name should appear exactly as it does on your telephone bill.  
(Company name needs to be the Customer Service Record in which the DIDs are provided under)
2. **ACCOUNT NUMBER:** List your most current account number associated with your numbers. (If you have more than one account number, please list them or identify them on your spreadsheet)
3. **Address:** Primary address where the telephone service(s) is located. (If different from your billing address, it should appear as it does on your local telephone bill)
4. **Telephone Numbers:** All telephone Number(s) for which you authorize change from your current phone service provider to VALLEY COMMUNICATIONS ASSOCIATION.

### Company Information:

\_\_\_\_\_  
Company Name:

\_\_\_\_\_  
Primary Contact Name:

\_\_\_\_\_  
Service Address:

\_\_\_\_\_  
Phone:

\_\_\_\_\_  
Account Number:

\_\_\_\_\_  
Email:

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

\_\_\_\_\_  
Porting Date:

(if more than one provider, please complete a new  
LOA per provider)

Check this box, if you have additional numbers on your Account with your  
Current Service Provider that you do NOT want ported.

List all DIDs or Access Numbers to be ported: (You may attach an Excel spreadsheet)

- |          |           |
|----------|-----------|
| 1) _____ | 6) _____  |
| 2) _____ | 7) _____  |
| 3) _____ | 8) _____  |
| 4) _____ | 9) _____  |
| 5) _____ | 10) _____ |

Please note that your service for the number(s) listed will be changed to VALLEY COMMUNICATIONS ASSOCIATION, or its designee, and that any services associated with this number(s) will be lost if you port this number(s).

## VERIFICATION – PLEASE READ BEFORE SIGNING BELOW

By signing below, I verify that I am, or represent a business with the above-named local service provider, authorized to change the primary carrier(s) for the telephone number(s) listed. 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 warrant that the address that I have provided above is the address of service. I authorize and designate VALLEY COMMUNICATIONS ASSOCIATION to act as my agent and notify my current carrier(s) to change my preferred carrier(s) for the listed number(s) and service(s), to obtain any information VALLEY COMMUNICATIONS ASSOCIATION 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. I further understand that after this process is completed VALLEY COMMUNICATIONS ASSOCIATION will become my Local and Long Distance provider, as indicated above. I understand that I am authorizing change(s) of my primary carriers for these Service(s), and that I may select only one primary carrier per service, per number. I understand that my local telephone company may bill me a one- time charge for requested service change(s) for each telephone number.

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

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

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

