

## VoIP Networx Reseller Letter of Agency (LOA)

Please complete this form if you would like to transfer your phone number/s to VoIP Networx. Please be sure to email or fax a copy of your current phone bill to 952-252-2990 or email to support@voipnetworx.com. Please be sure that your bill copy includes: Phone Number, Customer Name, Billing Address, Current Phone Service Provider, and Account Number.

If you are porting multiple numbers, please be sure to include the summary page of you bill copy which displays each number on your account. Once your port request has been submitted, it will take between fourteen (14) and forty-five (45) days to complete the process. Please list the numbers that you would like to port below - be sure to include the area code for each entry. For questions about porting, please contact VoIP Networx at **952-894-1984** or email **SERVICE@MNTELEPHONE.COM**.

PORTING AUTHORIZATION												
Ι,	certify that I am an authorized representative of (enter company name)											
Networx the in order to electronic the top of that my cucharge(s)	he authority o port my pl o or written s this form. I urrent telep . I understa	my telephone num y to communicate w hone number(s) awa signature of this req further understand hone service provid and that I will be info en (14) to sixty (60)	ber(s) to the ith my curing the my from my uest may be that my culer may as rmed if my	ne VoIP Ne rent teleph current te pe accepte urrent telep sign a cha cumber is	etworx IP None service lephone sed. I agree ohone service for chass not porta	Network. Ese provider ervice provider to send vice provider anging ser ble to the	By signing (s) as well vider(s) to VoIP Networks) may sivice provider(VoIP Networks)	below, I under the last complete volP Network a curre assign a classign a classic and the content of the classic and the	nderstand ete any an vorx. I un nt telepho harge for p nat I will be network.	nd all pape derstand the ne bill copporting. If the responsible I understan	granting Vorwork on nat either ray as descruther und ble for any at that the	nybehalf my ribed at erstand such standard
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1						11						
2						12						
3						13						
4						14						
5						15						
6						16						
7						17						
8						18						
9						19						
10						20						
IMPORTANT: Do not cancel service with your current phone service provider until you receive notice that your number has been successfully ported and is active on VoIP Networx. To do so will cause you to lose your phone number(s). DO NOT SUBMIT A PORT REQUEST UNLESS YOU WISH TO PORT YOUR NUMBER(S). SPECIFY THE DATE THAT YOU WISH THE PORT TO OCCUR. THERE WILL BE CANCELLATION FEES FOR CANCELLING THE PORT OF YOUR PHONE NUMBER(S) TO VOIP NETWORX. REFER TO THE TERMS OF YOUR SERVICE AGREEMENT FOR INFORMATION ON THESE FEES.												
				CUST	TOMER II	NFORMA	TION					
Customer Name:			Billing Address									
Main Phone Number:				Service Address:								
Company Rep Name:				F	Rep Email Address:							
Company Rep Signature:				Title:				Date:	:		Recv'd	