



Business VoIP Local Number Porting LOA

Fax completed form to (+1) 888-333-4627, or e-mail to voip.orders@norstartelecom.com

Date: _____ Order Type: ___New ___ Add ___Change Account Number (if known): _____

Authorization

On behalf of the company named below, I hereby authorize Norstar Telecommunications, Inc. ("Norstar") to take all steps necessary to Port the telephone numbers identified below to Norstar.

Customer/Company Name _____

Service Address _____

City _____ State _____ ZIP _____

Main Phone Number _____ Authorized Contact _____

Contact Phone _____ Contact Email _____

Phone numbers to be ported (to the above listed service address)

A \$5 one-time porting fee will apply per number.

Requested Port Date		Total Numbers to Port		
Full or Partial	Phone Number to be Ported	Current Provider	Account Number	Caller ID Name (inbound) \$2/add'l per DID

Total Number of Ports _____ + Total Number of Caller ID Name _____ = Total One-Time Charges \$ _____

This form, acting as a Letter of Agency (LOA), must be completed by the end-user and supplied to Norstar Telecommunications before service can be transferred. This form must contain the name and current service address of the end user, in addition to the numbers that will be ported to Norstar Telecommunications from the end-user's current carrier. The form used must comply with FCC regulations and must be dated and signed by the end-user or the person who has the authority to act as a legal agent of the end user.

By signing below, I designate Norstar Telecommunications ("Norstar") to transfer my service and current telephone number from my current service provider to Norstar. I also select Norstar as the network carrier for all incoming calls for this number. By signing below, I also authorize Norstar to obtain billing information, customer service records, and other information required to provide me with service on the Norstar network. I understand that I may consult with Norstar as to whether a fee will apply to the change.

Along with this completed order form, you must provide Norstar with a copy of your previous provider's bill.

Customer Name (printed)

Customer Signature

Date