



Letter of Agency (LOA)

Thank you for choosing **Orbitel Communications ("Orbitel")**, as your network carrier. If you are signing up as a new **Orbitel** voice services subscriber, in order to transition your current telephone number to the **Orbitel** network, **Orbitel** must work with your previous service provider to ensure that your service is uninterrupted, and where applicable, to ensure that your number is transferred.

Your prior service provider requires this letter as proof that you have explicitly authorized and requested that your service and current telephone number be transferred to another service provider. By filling in all the information requested below and signing and dating this letter, you provide us with the authorization to initiate the process of transferring your service and telephone number to **Orbitel**. You will then be able to use your old number with the **Orbitel** network.

Please ensure the following information is completed accurately to prevent possible delays.

Subscriber/Business Name: _____

Person authorized to make this request: _____

Service Street Address: _____ Suite: _____

City: _____ State: _____ ZIP Code: _____

Current Service Provider: _____

Provider Account Number (Should Appear on the bill): _____ Provider Pin#: _____

*Note that all Telephone Numbers listed below must be associated with this Name. PIN# can be supplied by the current provider.

<u>Beginning Range TN</u>	<u>End Range TN</u>	<u>Billing (main acct) TN for porting TNs</u>
1 _____	_____	_____
2 _____	_____	_____

Do you have a security system? _____ If yes is the service compatible with VOIP? _____

Do you want your number Listed(no charge) Unlisted (not in directory assistance-\$5) Unpublished (not in the phone book-\$5)?

PLEASE REMOVE ANY FEATURES (i.e., Hunt Group) ASSOCIATED WITH THESE NUMBERS PRIOR TO SUBMITTING THIS LOA. ADDITIONALLY, PLEASE DO NOT PLACE ANY NEW SERVICE ORDERS OR DISCONNECTS WITH YOUR CURRENT SERVICE PROVIDER ON THIS ACCOUNT, AS THIS WILL CAUSE A DELAY IN PORTING YOUR NUMBERS.

To select **Orbitel** as your new service provider for the telephone number(s) listed on this form, please sign your initials on the THREE (3) lines below, as applicable:

- I select _____ (initials) **Orbitel** as the network carrier for all **local calls** for this number.
- I select _____ (initials) **Orbitel** as the network carrier for all **intrastate toll calls** for this number.
- I select _____ (initials) **Orbitel** as the network carrier for all **interstate toll and international calls** for this number.

Your initials must appear for all three (3) selections above. You cannot have more than one carrier for each type of service.

By signing below, I designate **Orbitel** to transfer my service from my current provider to **Orbitel**. By signing below, I also authorize **Orbitel** to transfer my current telephone number used to provide service so that **Orbitel** may provide its network service to me. By signing below, I also authorize **Orbitel** to obtain billing information, customer service records, and other information required to provide me with service on the **Orbitel** network. I understand that I may consult with **Orbitel** as to whether a fee will apply to the change. I understand cancelling or rescheduling a port may incur a fee of \$150.00 if the installation can not be completed and the number has to be returned to the original provider.

Name (Printed): _____ Date: _____

Signature: _____