## LOCAL NUMBER LETTER OF AUTHORIZATION (LOA)



True Ingenuity Consulting, LLC P.O. Box 3574, Mooresville, NC 28117 704-765-1024 / service@trueingenuity.com

NOTE: Hand written forms will not be accepted.

	INT	ERNAL	USE:	
CUST	ID			

RESELLER ID

**ENDPOINT** 

This authorization covers the following locations and lead billing telephone numbers and shall remain in effect until further written notice is provided. I understand that I can have only one local service provider for any one telephone number.

Main Billing Telephone Number:	Cell Phone or NumberBarn:			
Customer Name:	Account Number:			
Customer Billing Address:	Physical Address:			
Authorized Oleman Name	Authorized Ciencer Dhone 4			
Authorized Signer Name:	Authorized Signer Phone #:			
Caller ID Name (CNAME):	Requested Port Date:			
The numbers listed below are the numbers I want to port to True Ingenuity Consulting, LLC.				
NOTE: If you are porting more than 10 (	ten) numbers please submit an Excel spreadsheet.			
The Numbers Listed Here are the num	nbers that I want ported:			
Main Number:				
e911 Address:				
X	x			
x	x			
x	X			
x	x			
x	X			
<b>Authorized Signature</b>				
Signature:	Date:			
Printed Name:	Email Address:			

NOTE: Please provide a copy of a current phone statement