



# LOCAL NUMBER PORT REQUEST FORM

## Letter of Agency for Port of a Local Number(s) to VirtualPBX

The undersigned Customer hereby appoints VirtualPBX to act as its authorized agent for all matters pertaining to the local number(s) listed below. This agency includes without limitation, the ordering or rearrangement of service assignment of primary carrier service requests, disconnection of service and other requests as deemed necessary by VirtualPBX to implement the local services ordered under VirtualPBX and authorizes VirtualPBX to deliver services to the Company in accordance with the VirtualPBX Service Agreement found at [www.virtualpbx.com/agreement](http://www.virtualpbx.com/agreement).

Company Name: \_\_\_\_\_  
 (As it appears on customer's bill)

Company Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If different then billing address please provide physical address:

Physical Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 (Please **PRINT** clearly or the Request will be **REJECTED**)

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number(s) to be Ported - Local Number Only – No Toll Free Numbers: (Large Print Please)

\_\_\_\_\_  
 \_\_\_\_\_

### Steps for submitting Local Port Request:

1. Please Print this form and sign it.
2. Make a copy of your most current bill. We only need the cover page that shows the following information, (Name on the account, the address, and the phone number listed above).
3. Fax or email the LOA and the Bill Copy to: 888.998.3535/ [porting@virtualpbx.com](mailto:porting@virtualpbx.com). **Note:** Local number ports may take **4 – 6 weeks** to complete.

**DO NOT DISCONNECT THE NUMBER YOU WANT PORTED**

### Internal Use Only:

Date Received: \_\_\_\_\_ Date Submitted: \_\_\_\_\_ Date Completed: \_\_\_\_\_