



## TOLL FREE PORT REQUEST FORM

Letter of Agency to Port Toll Free Number(s) to VirtualPBX

The undersigned Customer hereby appoints VirtualPBX to act as its authorized agent for all matters pertaining to the toll free 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 toll free 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: \_\_\_\_\_

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

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

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

Toll Free Numbers for which RESP ORG functions are being transferred: (Large Print Please)

_____	_____
_____	_____
_____	_____

### Old Responsible Organization

ID: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

### New Responsible Organization

ID: **QAW01**

Name: VirtualPBX

Address: 111 N. Market Street, Suite 1000

City/State/Zip: San Jose, CA 95113

Phone: 888.825.0800, Option 2 (Support)

Fax#: 888.998.3535

Email Address: [porting@virtualpbx.com](mailto:porting@virtualpbx.com)

### Internal Use Only:

Date Submitted: \_\_\_\_\_ Date Submitted to Carrier: \_\_\_\_\_ Date Completed: \_\_\_\_\_