



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.

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 (Internal Use Only)

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**

Internal Use Only:

Date Submitted: _____ Date Submitted to Carrier: _____ Date Completed: _____