



**For LOCAL numbers only – not Toll Free numbers**  
 (For ports of toll free numbers, contact [support@virtualpbx.com](mailto:support@virtualpbx.com) or 888-825-0800, option 2)

**Letter of Agency for Port of a Local Number to Virtual PBX**

Company Name	Contact Name
Contact Email Address	Contact Phone Number

**Phone Number(s) to be Ported (Local numbers only – no toll free numbers)**

1.	2.	3.
Current carrier, e.g. AT&T, Sprint, etc.:		

If you need to port more than 3 local numbers, please add another form or attach a list of numbers to this form

**Enter the following information exactly as it appears on your bill\***

Name of the business or individual billed for the number:
Complete billing address, line 1:
Billing address, line 2:
Physical (street) address, if different from billing address, line 1:
Physical address, line 2:
What type of service do you currently have for this number? : <input checked="" type="checkbox"/> Business <input type="checkbox"/> Residential

\*This information must match the information on file with your current carrier. If not, the request may be rejected.

**Current owner authorization:**

I authorize porting this number to ring to Virtual PBX. I warrant that I am the exclusive end user/subscriber/owner of this number and I agree to indemnify, defend and hold Virtual PBX harmless from all liability and expenses for breach of this representation of warranty. I understand that once the number is ported to Virtual PBX, the Company listed under *Company Name* at the top of this form will be able to port the number to another carrier in accordance with standard porting processes and the Virtual PBX Service Agreement found at [www.virtualpbx.com/agreement](http://www.virtualpbx.com/agreement), and that services rendered by Virtual PBX will be provided in accordance with that Service Agreement. Included in this authorization is: (a) access to service records and any other account information and (b) ordering, changing, discontinuation, etc. of service and facilities from any provider of such voice and data services. Unless the Company Authorization section of this form is completed (below), I further warrant that I am an authorized agent or officer for the Company.

Authorized Signature	Printed Name	Date Signed
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**Company authorization (if the person above is not a company agent or officer):**

I warrant that I am an authorized officer or agent for the Company listed under Company Name at the top of this form, and authorize Virtual PBX to deliver services to the Company in accordance with the Virtual PBX Service Agreement, found at [www.virtualpbx.com/agreement](http://www.virtualpbx.com/agreement).

Authorized Signature	Printed Name	Date Signed
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When finished, print the form, sign it, and fax it to 888-825-0800 or 408-971-1050  
 Also, please send an email to [support@virtualpbx.com](mailto:support@virtualpbx.com) telling us you faxed the form so we can confirm receipt  
**DO NOT DISCONNECT THE NUMBER YOU WANT PORTED**