



# LOCAL NUMBER PORTING

## Letter of Authorization

This document is required for local number portability as proof that you have explicitly authorized and requested that your current telephone number be transferred to NUSO. Along with providing us the information below, we will need to provide the porting authorities with a copy of your most recent phone bill from your previous carrier.

Please be sure to enter this information **EXACTLY** as it appears on your Customer Service Record with your previous carrier:

Customer Billing Name:	
Primary (Authorized) Contact:	
Service Address, City, State, Zip:	
Requested Port Date*:	

\*Please note that this is a best effort request. Your previous carrier is able to choose any date within the next 30 days to release these numbers.

Please enter the Telephone Numbers (TNs) that you would like to port over to NUSO along with the associated Billing Telephone Number (BTN). If you are porting a block of TNs, you may submit the block of TNs in a single row by providing the first and last number separated by a dash (i.e. 555-123-1000 - 555-123-1050).

Please provide all Porting TN(s), Billing TN(s) and Carriers. List all fax numbers and E911 numbers.

Porting TN(s):	Billing TN:	Carrier:
Porting TN(s):	Billing TN:	Carrier:
Porting TN(s):	Billing TN:	Carrier:
Porting TN(s):	Billing TN:	Carrier:
Porting TN(s):	Billing TN:	Carrier:
Porting TN(s):	Billing TN:	Carrier:
Parent Account #:		
Child Account #:		
Fax TN(s) - if no fax, enter <b>N/A</b> :		
E911 TN(s) - Min. 1 #:		
Please note if porting <b>ALL</b> or <b>PARTIAL</b> :		

Attach additional digital files or pages if necessary. (Excel Documents Preferred)

The undersigned ("Customer") has selected NUSO ("NUSO") and underlying suppliers to act as Carrier for the Telephone Numbers identified above. The Customer further designates NUSO to act as the agent for the purpose of transferring the specified numbers to NUSO. The Customer authorizes NUSO to obtain billing information, customer service records, and other network information required to provide the Customer with services from NUSO.

Signature:

Date:

Printed Name:

Please sign, date, and e-mail with subject line "(Customer/Business Name) Port Request" to: [serviceorders@nuso.cloud](mailto:serviceorders@nuso.cloud). Please be sure to include a complete copy of your most recent phone bill from your previous carrier(s).