



Dear Customer:

Thank you for choosing IPacket Networks, LLC as your service provider. As you are aware, you may continue to use your existing telephone number with IPacket Networks, LLC VoIP service. In order to transition your current telephone number to IPacket Networks, LLC VoIP service, IPacket Networks, LLC must work with your previous service provider to ensure that your service is uninterrupted, and where applicable, to ensure that your number is transferred.

Your prior service provider requires this letter as a proof that you have explicitly authorized and requested that your service and current telephone number be transferred to another service provider. By filling in all the information requested below, and signing and dating this letter, you provide us with the authorization to initiate the process of transferring your service and telephone number to IPacket Networks, LLC VoIP Services. You will then be able to use your old number with your new IPacket Networks, LLC service.

Please ensure the following information is completed accurately which will help prevent possible delays.

Customer Name: _____ Property: _____ Unit #: _____
(Note that all TN's listed below must be associated with this Customer Name)

Service Address: _____ City: _____ State: _____ ZIP: _____

Billing Address: _____ City: _____ State: _____ ZIP: _____

Current Service Providers: _____

Telephone Number(s)				

PLEASE REMOVE ANY FEATURES (i.e. Hunt Group) ASSOCIATED WITH THESE NUMBERS PRIOR TO SUBMITTING THIS LOA. ADDITIONALLY, PLEASE DO NOT PLACE ANY NEW SERVICE ORDERS WITH YOUR CURRENT SERVICE PROVIDER ON THIS ACCOUNT, AS THIS WILL CAUSE A DELAY IN PORTING YOUR NUMBERS.

By signing below I designate IPacket Networks, LLC or its designated agent to transfer my service from my current provider to IPacket Networks, LLC. By signing below I also authorize IPacket Networks, LLC or its designated agent to transfer my current telephone number used to provide service so that IPacket Networks, LLC may provide its service to me. By signing below, I also authorize IPacket Networks, LLC or its designated agent to obtain billing information, customer service records and other network information required to provide me with IPacket Networks, LLC service. I understand that I may consult with IPacket Networks, LLC as to whether a fee will apply to the change.

Print Name: _____ Date: _____

Signature: _____

A copy of your most recent BILL is REQUIRED to provide proof of ownership of number(s). Please mail this information to: IPacket Networks, LLC 3948 Legacy Dr., Ste 106-389 Plano, TX 75023 or Fax to 214-989-3530.