



LETTER OF AUTHORIZATION FORM AND INSTRUCTIONS

Dear Valued IGONET Customer!

Please complete, in full, the Letter of Authorization to port your current US or Canadian phone number(s) to IGONET’s Digital Phone Service. To port a number in the 289/905 area code, please obtain the AREA CODE **289/905** AREA CODE ONLY LETTER OF AUTHORIZATION. For all other area codes please fax the form below along with a copy of your most recent phone bill to (208) 247-1837. You may also choose to email or mail a copy to one of the following addresses.

<u>BY EMAIL</u> porting@igonet.com		
<u>CANADA BY MAIL</u>		<u>USA BY MAIL</u>
IGONET PORTING REQUEST		IGONET PORTING REQUEST
1111 Davis Dr. Unit 1		#115
Suite 283		1133 Bal Harbor Blvd. Suite 1139
Newmarket, Ontario L3Y 9E5		Punta Gorda, FL 33950-6574

You must complete the IGONET e911 process for the account in which you are porting to prior to submitting your Letter of Authorization.

You must include a copy of your most recent phone bill. Please ensure this bill includes your name, address and the phone number(s) you wish to port.

IGONET will notify you, via email, when a port date has been scheduled. Once the port has occurred, the phone number(s) with your previous carrier will ring to your IGONET digital phone.

IMPORTANT: Do not cancel your service with the provider that you are porting your phone number(s) from at any time during the porting process. The number(s) must remain active with your service provider during the porting process.

Once your number(s) has been ported to IGONET, you should call your previous carrier to confirm that service has been cancelled. If you have DSL, please keep in mind that you may lose your DSL service if your number(s) is ported.

Please note that IGONET cannot guarantee the portability of any phone number

Port Request Checklist - Letter of Authorization (LOA)

All LOA documents that are submitted as an email attachment must be in the .JPG, .BMP, .TIF, .DOC or .PDF file format

You must have received your IGONET ATA device and completed the e911 click through at www.myigonet.com before submitting your LOA to IGONET

All porting documents must be sent in complete, with the following;

- All forms must be legible, complete, and SIGNED by the person or persons listed on the bill
- NAME and ADDRESS on LOA must match the included bill copy exactly
- The DATE entered on the LOA must be no more than 30 days old
- VoIP USER NAME must be listed and correct (case sensitive).
Your VoIP User Name is printed on the box that your IGONET ATA came in.
- ABSOLUTELY NO NOTATIONS or HIGHLIGHTING on the LOA.
- ALL numbers to be ported must be clearly listed in the field(s) provided
- All PARTIAL PORTS (if a customer has more than one number with their current Service Provider and they only want a particular number(s) ported) must be indicated by checking the box in the appropriate field(s)
- Toll free numbers must not be included on this LOA. Please obtain a Toll Free LOA
- If you are porting a wireless phone number to your IGONET account, you must provide IGONET with your Voice Mail PIN number by including it on a cover letter

Included Copy of Phone Bill and/or Account Summary

- The included bill must have been issued within the Past 30 days
- The NAME and ADDRESS on the included bill must MATCH THE LOA EXACTLY
- Included bill copy MUST list the number(s) to be ported
- ABSOLUTELY NO NOTATIONS, HIGHLIGHTS, MARKINGS, OR ALTERATIONS on the included bill copy

LETTER OF AUTHORIZATION –VOIP SERVICE

1. **Customer Name** (your name should appear **EXACTLY** as it does on your local telephone bill)

First Name Last Name

Business Name (required only if phone service is in your Company's Name)

2. **Service Address** (primary address where the telephone service will be located. No Post Office Boxes)

Address City State/Province Zip/Postal Code

3. **Billing Address** (if different from your service address, should appear **EXACTLY** as it does on your local telephone bill)

Address City State/Province Zip/Postal Code

4. List below all Telephone Number(s) for which you authorize change from your current phone service provider to RNK, Inc. d/b/a RNK Telecom ("RNK Telecom"). Please note that your Local, In-state/province Toll and/or Long Distance service for the number(s) listed below will be changed to RNK Telecom, and that any services associated with this number(s), such as Centrex, DSL or Ringmate, will be lost if you port this number(s).

Telephone Number(s) (list all numbers to be ported)

Current Service Provider

*Check this box, if you have additional numbers on your Account with your Current Service Provider that you do **NOT** want ported.*

5. If the number(s) to be ported is a mobile number, please provide the following information:

Mobile Number: _____ **Mobile Account Number:** _____

VERIFICATION - PLEASE READ BEFORE SIGNING BELOW

By signing below, I verify that I am, or represent (for a business), the above-named local service customer, authorized to change the primary carrier(s) for the telephone number(s) listed, and am at least 18 years of age. The name and address I have provided is the name and address on record with my local telephone company for each telephone number listed. I warrant that the address that I have provided above is the address where I will be using this service. I authorize and designate RNK Telecom to act as my agent and notify my current carrier(s) to change my preferred carrier(s) for the listed number(s) and service(s), to obtain any information RNK Telecom deems necessary to make the carrier change(s), including, for example, an inventory of telephone lines billed to the telephone number(s), carrier or customer identifying information, billing addresses, and my credit history. I further understand that after this process is completed RNK Telecom will become my Local, In-State/Province Toll and Long Distance provider, as indicated above.

I understand that I am authorizing change(s) of my primary carriers for these Service(s), and that I may select only one primary carrier per service, per number. I understand that my local telephone company may bill me a one-time charge for requested service change(s) for each telephone number.

Signature: _____ **Date:** _____

Printed Name: _____ **VoIP User Name:** _____