



Letter of Authorization – (Keep My Phone Numbers)

v08012017

Current Provider Customer Information

Date:

Table with columns: Authorized Signer, Billing Contact. Rows: Name, Contact, Title, Phone.

Current Billing and Service Location Information

Table with columns: Billing Address, Service Address. Rows: Name, Address, Address2, City, State Zip, County.

Phone Number Porting Details

Table with rows: Desired Port Due Date (Must be no less than 7 business days. Your transfer is NOT guaranteed to be on this date), Current Service Provider, Account Number.

Please list all numbers to be transferred below

Empty table for listing phone numbers to be transferred.

Current Account or Billing Telephone Number (ATN or BTN)

Table with columns: Partial Port (Yes/No), If Partial Port Please Specify New ATN/BTN.

Notes:

- Please include a copy of your last bill with this Letter of Authorization.
• Ensure all information matches EXACTLY what your current provider has on file now. Do NOT provide new service information.
• Do NOT call your current provider to cancel your service or you will not be able to keep your number.
• We will contact you via email or a service ticket when a number transfer date has been scheduled.
• When your numbers transfer to WiConnect Wireless's Telco Network they will ring to your Voice Service.
• When your number transfer is complete you should then contact your old provider to ensure the old services are cancelled.
• Please ensure all forms are legible and fully completed.

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 authorize WiConnect Wireless or its designated agent to act on my behalf and notify my current carrier(s) to change my preferred carrier(s) for the listed number(s) and service(s), to obtain any information WiConnect Wireless 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.

Customer Authorized Signature: [Signature Line]
Printed Name: [Text Line]
Title: [Text Line]
Date: [Text Line]

Please scan and email all signed documents to heather@ccwis.com or fax all pages to (608) 237-2185 and send Originals to our Richland Center office at 27129 US Hwy 14, Richland Center, WI 53581
Thank you! We appreciate your business!