

LETTER OF AUTHORIZATION (Port Request Form)

COMPANY INFORMATION			
COMPANY NAME		MAIN PHONE #	
MAIN ADDRESS		CITY	STATE
EXISTING PHONE COMPANY		EXISTING ACCOUNT #	AUTHORIZED CONTACT

PHONE NUMBERS							
List below all Telephone Number(s) for which you authorize change from your current phone service provider to Persephone, Inc. d/b/a Audian ("Audian"). Please note that your telephone and/or associated service(s) will be changed to Audian.							
Phone Numbers		Phone Numbers		Phone Numbers		Phone Numbers	
1.		6.		11.		16.	
2.		7.		12.		17.	
3.		8.		13.		18.	
4.		9.		14.		19.	
5.		10.		15.		20.	
21.		22.		23.		24.	
25.		26.		27.		28.	
29.		30.		31.		32.	
33.		34.		35.		36.	
37.		38.		39.		40.	
41.		42.		43.		44.	
45.		46.		47.		48.	

**Once porting is complete, we recommend calling your previous provider to cancel services to avoid being charged twice.

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 my 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 Audian to act as my agent and notify my current carrier(s) to change my preferred carrier(s) for the listed number(s), to obtain any information Audian 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 my telephone and/or associated service(s) will be changed to Audian, as indicated above.

I understand that I am authorizing change(s) of my primary carrier(s) for my telephone and/or associated 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.

By: _____

Name: _____

Title: _____

Date: _____

