



AUTHORIZATION TO CHANGE PREFERRED TELECOMMUNICATIONS CARRIER

Please print all information in English

Subscriber's Name _____
Must be exactly as it appears on current bill

Subscriber's Address _____
Must be exactly as it appears on current bill

City _____ **State** _____ **Zip** _____

Account # _____ **Carrier** _____
Must be exactly as it appears on current bill

Only the telephone numbers listed below are covered by this Authorization.

Subscriber's Main Telephone Number _____ - _____ - _____ (This number will not be ported. To port this number, please add below.)

Numbers to port:

Number	Points to	Ad Source	Company
____ - ____ - _____ >>	____ - ____ - _____	_____	_____
____ - ____ - _____ >>	____ - ____ - _____	_____	_____
____ - ____ - _____ >>	____ - ____ - _____	_____	_____
____ - ____ - _____ >>	____ - ____ - _____	_____	_____
____ - ____ - _____ >>	____ - ____ - _____	_____	_____
____ - ____ - _____ >>	____ - ____ - _____	_____	_____
____ - ____ - _____ >>	____ - ____ - _____	_____	_____
____ - ____ - _____ >>	____ - ____ - _____	_____	_____

Fees Per Number: One time port fee: \$20 Monthly recurring: As Defined

I certify that I am at least 18 years of age. The phone number(s) listed on this Authorization are listed in my name and/or I am authorized to change the preferred carrier for each of the Services requested above. My signature on this form authorizes Call IQ to act as my agent to change my current carrier to Call IQ for those Services. I understand that I may designate only one primary carrier for each of the Services requested above; that there may be a fee charged to change the Service(s); and that I may consult with the appropriate carrier to determine if a fee applies to this change.

Signature: _____ **Date (mm/dd/yy):** _____

Printed Signature: _____ **Title:** _____

Call IQ Internal Use Only

Date submitted: _____ **Rep.:** _____ **FOC:** _____
Date configured: _____