

Porting Letter of Authorization (LOA)

Customer Name (your name should appear exactly as it does on your telephone bill):				
First Name		Last Name		
Business Name (if the service is in your company name)				
Service Address on file with your current carrier (Please note, this must be a physical location and cannot be a PO Box):				
Address				
City	State/Provin	ice	Zip/Postal Code	
List all the Telephone Number(s) which you authorize to change from your current phone service provider to the Company:				
Phone Number*		Service Prov	vider	
()				
()				
()				
()				

^{*}If you have more than 4 numbers, please list them on an additional page.

By signing below, I verify that I am, or represent (for a business), the above-named 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 Adams Cable Service. (the "Company") 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 the Company 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 acknowledge that I must keep all numbers in service with my current carrier until the port completes to avoid delays or rejections. I acknowledge that I am responsible for any termination charges imposed by my current carrier for porting my numbers.

Authorized Signature	
Print	
Date	