



## LETTER OF AUTHORIZATION FORM

Dear Customer:

Thank you for choosing ClarityTel as your service provider. In order to transition your current telephone number we must work with your previous Service Provider to ensure that your number is transferred and service is uninterrupted. This request may take up to forty five (45) days to complete depending on your current service provider.

Your current Service Provider requires this letter as proof that you have explicitly authorized and requested that your service and current **Billing Telephone Number** (BTN) to be transferred to another Service Provider. By filling in all the information requested below, signing and dating this letter, you provide us with the authorization to initiate the process of cancelling your current telephone service and transferring your telephone number to ClarityTel. You will then be able to use your existing number with your new ClarityTel service.

We also require a valid copy of your most current telephone bill which must list the invoice date and same name, address, and BTN as listed below.

Name:		
Address:		
Apt or Suite #:		
City:	State:	ZIP Code:
Current Service Provider:		

BTN (Billing Telephone Number) :
Additional Numbers:

By signing below, I designate ClarityTel as its designated Service Provider, or other agents or providers, to transfer my current telephone number so that ClarityTel may provide its service to me. By signing below, I also authorize ClarityTel or its designated agents or suppliers to obtain billing information, customer service records, and other network information required to provide me with service.

Print Name:	Date:
Signature:	