Terms of Acceptance

Confirmation of Application Portability

Number (s) to be ported (Please use an annex if needed):

Existing Carrier Name:

Customer Name:

Tax ID #

ADDRESS:

CITY: **STATE**   **ZIP**:

***NAME OF RESPONSABLE:**

***TITLE:**

Tel: _____

Fax: _____   **E-mail:**_____   *

Required for company.

Complete only if the address of the ported phone (s) is different from above.

ADDRESS: _____

CITY: _____**STATE:**_____**ZIP:**_____

For exclusive use of Carrier

CNL (National location Code):_____

Segment: (   ) Residential (   ) Business   (   ) Other

Access Type: (   ) Basic

                ( ) Multiple "DDR"   Number Quantity: _____ Sequential (   ) Yes (   ) No

                (   ) Other   Describe:

ANNEX – Please list ported numbers

Confirmation of Request for portability

_____   _____

      Customer Signature   **Date**