



**Phone Number Transfer  
Letter of Authorization**

---

---

The Undersigned Account Holder does hereby appoint Binary Telecom as the Responsible Organization for the numbers listed below.

Please list the number(s) you want transferred.

_____	_____
_____	_____
_____	_____
_____	_____

(If you have phone numbers with more than one provider or on separate accounts, each bill will need a separate form.)

---

---

Name on Bill: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Signatory Name (printed): \_\_\_\_\_

Signatory Title: \_\_\_\_\_

Date: \_\_\_\_\_

---

---

Service Location Name : \_\_\_\_\_

(If different from billing name) \_\_\_\_\_

Service Location Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

(If different from billing address) \_\_\_\_\_

---

---

**\*Please fax the last or current phone bill with phone number(s), company/customer name and billing address clearly visible for verification purposes along with this form for processing to 503.564.4534 or email a duplicate copy to: [info@binarytelecom.com](mailto:info@binarytelecom.com). Binary Telecom must pass along to you a hard cost of \$25 charge per number ported.**

Remarks: