



**Phone Number Transfer  
Letter of Authorization**

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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.)

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Name on Bill:	_____
Billing Address:	_____
City, State, Zip:	_____
Contact Number:	_____
Authorized Signature:	_____
Signatory Name (printed):	_____
Signatory Title:	_____
Date:	_____

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Service Location Name :	_____
(If different from billing name)	_____
Service Location Address:	_____
City, State, Zip:	_____
(If different from billing address)	_____

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**\*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: