



## Porting Letter of Authorization (LOA)

Your Name		
Business Name (if a business)		
Address		
City	State	Zip

### Service Address on file with your current carrier

Your Name		
Business Name (if a business)		
Address		
City	State	Zip

Please List all the Telephone Number(s) which you authorize to change from your current phone service provider to our Company

Phone Number	Current Provider

# Power to Grow Services



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 Power to Grow Services LLC. (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.

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Print

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\*\*\* PLEASE ATTACH ONE COPY OF A RECENT BILL SHOWING \*\*\*  
\*\*\* THE ACCOUNT NAME, ADDRESS, AND ACCOUNT NUMBER \*\*\*