

Letter of Agency (LOA)

This letter authorizes provider to initiate a port request. All information **must be entered exactly as shown** on the customer service record (CSR) of the current carrier. In addition to completing this form, you will need to provide a copy of your latest bill/invoice.

Account or Company Name:			
From The Customer Service Record (CS			
Use the Service Address, not the Billing Addres	s (unless they are the same)		
Street w/ Number (Required for Toll Free #s):	City:	State/Province:	Zip/Postal Code:
Current Carrier Information			
Carrier Name:	Billing Telephone Num	nber (BTN):	
Numbers to Be Ported: Separate with commas. For ranges, use a dash separate list of numbers.	(i.e. 2163215000-2163215999). P	lease make a note below	if you are attaching a
This Letter of Agency ("LOA") hereby authorizes releas provider. Such CPNI shall include but not be limited to c records for the purpose of providing telecommunications	ustomer name and number, billing record	ds, service records and networ	k and equipment
effect unless revoked in writing prior to that date. 1.Parties acknowledge that 5Gstore.com has obtained U.S.C.§222.	customer proprietary network information	n ("CPNI") as that term is defi	ned in 47
2.5Gstore.com authorizes provider to use, disclose or 5Gstore's end user customers. Such use and disclose	*		
party providers. 3. Parties acknowledge that pursuant to 47 C.F.R. §64.	•	it access to CPNI for the purp	ose of
providing service without authorization from its of 4. 5Gstore agrees that it will not require provider to us telecommunications or information services, as princludes activities outside the scope of those permits of the scope	e, disclose or access CPNI for any reason rovided in 47 C.F.R. §64.2005(a). To the aitted in 47 C.F.R. §64.2005(a), 5Gstore	extent that Telnyx's performate will provide provider with any	ance of this Agreement
necessary written customer authorization for the 5.Provider agrees to take all reasonable steps to protect	*	· .	se activities.
Authorized Signature: P	rint Name:	Date:	
Please Note: For Toll Free numbers the signature is visual	ally compared to what is on file and must	match exactly	
All fields <u>must</u> be completed. Any inva	lid or missing information will	result in delays and/o	r rejected orders.

Version 2.2 June 2017 Letter of Agency