



Dear Business Owner

Thank you for choosing **Three River** as your telephone provider. You will be able to use your existing telephone number(s) with **Three River** local service. In order to transition your current telephone number(s) to **Three River** service, **Three River**, either on its own or through its designated agent, must work with your previous service provider to ensure that your service is uninterrupted, and where applicable, to ensure that your number(s) is transferred. The process may require up to thirty (30) business days to complete. **Three River** will notify you by e-mail, or phone, when your number(s) is successfully transferred, and also notify you in case there are any unusual delays. You may call us toll-free 866-569-2666 to inquire about the status of the porting process.

This letter serves as proof that you have explicitly authorized and requested that your service and current telephone number(s) be transferred to another service provider. By filling in all the information requested below, and signing and dating this letter, you provide us with the authorization to initiate the process of transferring your service and telephone number(s) to **Three River**. Once your number(s) is transferred, you will be able to use your existing number(s) with your new **Three River** service. Please provide below the information associated with the telephone number(s) that you are **transferring**:

Business Name: _____

End User Authorization Name:

Last _____ First _____

Cell Phone Number _____

Email Address _____

Service Address:

Street/City/St/Zip _____

***Billing Address (if different than Service Address):** YES NO (Please provide address on back page)

Current Telephone Number(s) to be ported (please note if one is a dedicated fax line):

Main Number: _____ Listed: YES NO Number: _____ Listed: YES NO

Number: _____ Listed: YES NO Number: _____ Listed: YES NO

Toll Free Number: _____ Ring To: _____ Listed: YES NO

If more numbers are to be ported, please provide on the back page

Roll Sequence, if applicable: Main _____ to _____ to _____ to _____

Directory Listing: _____

Caller ID Name: _____ (maximum 15 spaces – all lines must be the same)

Current Service Provider:

Current Service Provider Company: _____

Account Number: _____ Main Billing Number: _____

PLEASE DO NOT PLACE ANY NEW SERVICE ORDERS WITH YOUR CURRENT SERVICE PROVIDER ON THIS ACCOUNT, AS THIS WILL CAUSE DELAY IN PORTING YOUR NUMBER(S).

I acknowledge that I have read and understand the terms of this authorization, and I am at least eighteen (18) years of age. I further certify that the information on this form is correct to the best of my knowledge. I also understand that **Three River** may have different calling areas, rates and charges than other telephone companies and that by signing below I indicate that I understand those differences (if any) and am willing to be billed accordingly. Should customer disconnect order prior to service installation, I acknowledge that there will be service fees applied, even though no service had been given.

I understand and acknowledge, that where available, the emergency calling service I receive from my **Three River** provider is subject to certain limitations. I have read my Subscriber Agreement/911 Advisory Requirement and reviewed **Three River's** website and understand the limitations on the availability and reliability of emergency services I will be receiving with my new service.

By signing below, I designate **Three River** or its designated agent to transfer my service from my current provider to **Three River**. By signing below, I also authorize **Three River** or its designated agent to transfer my current telephone number(s) used to provide service so that **Three River** may provide its service to me. By signing below, I also authorize **Three River** or its designated agent to obtain billing information, customer service records and other network information required to provide me with **Three River** service. I understand that I may consult with **Three River** to determine whether a fee will apply for changing each of my service provider(s).

Signature: _____

Printed Name: _____ Date: _____

Billing Address if different from Service Address:

Billing Name: _____

Street/City/St/Zip: _____

Continued Telephone Numbers to be ported:

Number: _____ Listed: YES NO Number: _____ Listed: YES NO

Number: _____ Listed: YES NO Number: _____ Listed: YES NO

Number: _____ Listed: YES NO Number: _____ Listed: YES NO