



Letter of Authorization

Dear Beehive Broadband Customer,

Thank you for choosing Beehive Broadband for your VoIP solution. Local number portability allows you to keep your current phone number while changing your service provider to Beehive Broadband. We will work with your current provider on your behalf to transition your phone number quickly; the process usually takes 15-45 days.

Your current carrier will require that we have this authorization form in our system before they will allow us make changes to your account. By filling out and signing this form you are authorizing Beehive Broadband to begin the process of porting your existing phone number so that Beehive Broadband will be your new service provider. Once the process is complete you will be able to use your old phone number with Beehive Broadband service.

Please print:

Last:	First:	
Service address:		
City:	State:	Zip:
Number(s) you wish to transfer to Beehive Broadband:		
#1. () -	#2. () -	#3. () -
Current service provider:	Account #:	

In order to transfer your number please acknowledge by marking all the boxes below:

- I select Beehive Broadband for all local calls to this number.
- I select Beehive Broadband for all local toll calls to this number.
- I select Beehive Broadband for all long distance and international calls for this number.

By signing below, I authorize Beehive Broadband a provider of VoIP solutions to act in my behalf for the purpose of porting the telephone number(s) listed above from my current carrier to Beehive Broadband. I authorize Beehive Broadband to obtain billing information, customer service records and other network information required to provide me with service as a Beehive Broadband VoIP customer.

Call Forwarding must be enabled on your current Phone Line before installation can be completed. Please drop off, fax or mail this form to us with a copy of your most recent telephone bill (no more than 30 days old) showing your name, account number and service address. We must have both in order to port your number.

Authorized signature:	Date: / /
Printed name:	

