



BEAVER VALLEY CABLE

LETTER OF AUTHORIZATION AGENCY AUTHORIZATION STATUS

THE SIGNATURE BELOW CERTIFIES THAT I AM THE CUSTOMER OR AN AUTHORIZED REPRESENTATIVE FOR THE TELEPHONE NUMBER(S) AND/ OR ACCOUNT(S) LISTED ON THIS FORM. THE SIGNATURE BELOW CERTIFIES THAT I AM AUTHORIZING AND APPROVE

BEAVER VALLEY CABLE & TELEPHONE SERVICES

TO ACT AS MY AGENT FOR THE PURPOSE OF COLLECTING AND VIEWING THE TELEPHONE NUMBER(S) AND/OR ACCOUNT(S) INFORMATION WITH THE CURRENT LOCAL TELEPHONE PROVIDER(S), _____.

THE SIGNATURE BELOW CERTIFIES THAT I AM AUTHORIZING AND APPROVE

BEAVER VALLEY CABLE & TELEPHONE SERVICES TO ACT AS MY AGENT FOR THE PURPOSE OF LOCAL NUMBER PORTABILITY.

THE SIGNATURE BELOW CERTIFIES THAT I AM AUTHORIZING THE TRANSFER OF TELEPHONE SERVICE FROM THE CURRENT PROVIDER TO **BEAVER VALLEY CABLE & TELEPHONE SERVICES**

I, the customer, understand and agree, when/if **porting my telephone number(s)** that I **cannot contact, disconnect or place any activity on my telephone account** with my **current** provider.

I understand that the LOCAL NUMBER PORTABILITY PROCESS requires that PORTED numbers MUST be active and be a physical line (not a remote call forward or distinctive ring number) and be in good standing and in accordance with the Local Number Portability Business Rules.

Any 'service' on a line, such as DSL, will be lost when the telephone number associated with the line is ported. 'Porting' a number will be handled by **BEAVER VALLEY CABLE & TELEPHONE SERVICES**, the new provider. They will request the number(s) to be ported from the current provider. They will also receive an acknowledgement, confirmation, provisioning and billing NOTIFIERS from the old provider, as part of the LNP flow through process.

IMPORTANT: **AFTER** the 'porting' of the requested number(s), any **remaining numbers not** being ported (*number still with the old provider*) and needing to be disconnected, need to THEN be disconnected by the customer.

I, the customer, will disconnect any remaining numbers, AFTER my ported numbers have been successfully ported.

*** ALL EQUIPMENT IS REGISTERED FOR THE SERVICE LOCATION ADDRESS AND IS NOT TRANSFERABLE TO ANY OTHER SERVICE LOCATION ADDRESS.**

CUSTOMER NAME AS IT APPEARS ON THE BILL: _____

CUSTOMER ADDRESS AS IT APPEARS ON THE BILL: _____

PROVIDER: _____

ACCOUNT#: _____

PIN #: _____

TELEPHONE NUMBER(S):

1. _____
2. _____
3. _____
4. _____

DATE: _____

CUSTOMER (PRINT NAME): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____