



**BELOW IS ACCEPTABLE FOR PROOF OF OWNERSHIP (EITHER OPTION IS ACCEPTABLE)**

Option 1: Copy or screenshot of your current telephone bill. (Must not be older than 30 days)

Option 2: Customer Service Record (CSR). Contact your current carrier for a copy of your CSR.

Option 3: Letter or email from existing carrier.

**PROOF OF OWNERSHIP MUST INCLUDE THE FOLLOWING**

- Name of Company
- Authorized Name on the account
- Company Address based on carrier's records
- ALL numbers requested for porting MUST be present on the bill.
- Please circle or highlight the numbers on the bill that are porting and identify FAX numbers

**MAKE SURE ACCOUNT INFO PROVIDED IS CORRECT**

The information you provide to us, specifically, the name on the account and the address at which the account is registered, must match your current provider's records exactly. Receiving incorrect information is the most common reason for rejections and delays in porting.

**RETURNING DOCUMENTS**

- If you are currently with the install team, please email completed documents directly to your Onboarding Representative.
- If you are an existing customer and are not currently working with the install team, please return the required documents by replying to your Sangoma LNP ticket Step 1 of 4.
- You can also email documents to [NFLNP@sangoma.com](mailto:NFLNP@sangoma.com) or Fax to (310) 861-4321.

Return completed documents to your Onboarding Representative. **OR**, to our the LNP team:

Email: [NFLNP@sangoma.com](mailto:NFLNP@sangoma.com) LNP Fax: 310-861-4321



# Letter of Authorization

Please complete this form to MATCH EXACTLY how it appears from your current carrier. If you are porting numbers from multiple carriers, you MUST complete separate documents for each carrier.

**SERVER ID**

**COMPANY NAME**

**PRIMARY SERVICE ADDRESS (This must be an exact match as your carrier's record. PO Boxes are not Valid)**

**CITY**

**STATE**

**ZIP**

**BILLING ADDRESS (Check if same as service address)**

**CITY**

**STATE**

**ZIP**

**CURRENT CARRIER**

**BILING TELEPHONE NUMBER (BTN) \*Required**

**PIN (If applicable)**

I wish to select Sangoma as my provider for Telecommunications services. I would like to change my local, regional, and long distance telecommunications services provider to Sangoma for the numbers listed in the attached phone number table.

**NOTICE REGARDING BILLING AND USAGE-RELATED INFORMATION**

In the course of providing service to you, we will possess certain billing and usage-related information about the quantity, type and destination of telecommunications services you use. You have a right, and we have a duty, to protect the confidentiality of this information.

This information may be useful to tailor our products and services to your needs and to enhance our ability to meet all of your telecommunications needs. By checking the authorization box on this document, we will use your billing and usage-related information to offer you other Sangoma (or its affiliates) products or services that may satisfy your needs and to respond to your concerns if you have become dissatisfied or cancel any of our services. Your decision will not change the quality of service provided and we will honor your choice until you expressly tell us otherwise.

**CHECK**

I authorize Sangoma, its affiliates, or its agents, to use billing and usage information related to my account to see if I would benefit from other telecommunications services offered by Sangoma, its affiliates, or its agents, and market them to me.

**CUSTOMER SIGNATURE**

**PRINT NAME**

**DATE**

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# Number Porting Table

Server ID

Company Name

Voice Number

Fax Number

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