



Dear Customer:

Thank you for choosing Extended Office Solutions Inc. here also known as EOS Inc. as your service provider. As you are aware, you may continue to use your existing telephone number with EOS Inc. VoIP services. In order to transition your current telephone number to EOS Inc. VoIP services, EOS Inc. must work with your previous service provider to ensure that your service is uninterrupted, and where applicable, to ensure that your number is transferred. Your prior service provider requires this letter as a proof that you have explicitly authorized and requested that your service and current telephone number 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 to EOS Inc. VoIP Services. You will then be able to use your old number with your new EOS Inc. VoIP services. Please ensure the following information is completed accurately which will help prevent possible delays.

Company Name: _____
 (Note that all TN's listed below must be associated with this Company Name)
 Street Address: (Service Address) _____
 City: _____ State: _____ ZIP: _____
 Current Service Providers: _____

Telephone Number Begin	Telephone Number End	Provide BTN (Billing Telephone Number) for all ported numbers REQUIRED	Customer Requested Port Date

PLEASE REMOVE ANY FEATURES (i.e. Hunt Group) ASSOCIATED WITH THESE NUMBERS PRIOR TO SUBMITTING THIS LOA. ADDITIONALLY, PLEASE DO NOT PLACE ANY NEW SERVICE ORDERS WITH YOUR CURRENT SERVICE PROVIDER ON THIS ACCOUNT, AS THIS WILL CAUSE A DELAY IN PORTING YOUR NUMBERS.

By signing below, I designate Extended Office Solutions Inc. or its designated agent to transfer my service from my current provider to Extended Office Solutions Inc. By signing below, I also authorize EOS Inc. or its designated agent to transfer my current telephone number used to provide service so that EOS Inc. may provide its service to me. By signing below, I also authorize EOS Inc. or its designated agent to obtain billing information, customer service records and other network information required to provide me with EOS Inc. VoIP service. I understand that I may consult with EOS Inc. as to whether a fee will apply to the change.

Print Name: _____ Date: _____
 Signature: _____

A Bill copy is REQUIRED to authorize ownership of number(s). Please include a summary copy containing company name and the numbers owned. See your Sales Representative for further information.

Confidential.