



## Letter of Agency (LOA) and Customer Service Records (CSR) Request

As an authorized representative of \_\_\_\_\_  
("Customer"), I hereby appoint Clearline Communications Inc ("Clearline Communications") to be the new service provider for the telephone numbers identified below. I grant Clearline Communications to act as Customer's agent and to contact Customer's existing carrier as may be necessary in connection with porting request listed below. As an authorized representative of customer, I attend under the penalty of law, represent, and warrant that the numbers are exclusively assigned to Customer.

NOTE: DO NOT disconnect or cancel any service with your existing carrier until advised to do so by Clearline Communications.

Customer Name: \_\_\_\_\_  
(as it appears on existing carrier's invoice)

Customer Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province/Region: \_\_\_\_\_

Postal Code/ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

Customer Contact Email Address: \_\_\_\_\_

Customer Contact Phone Number: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Name of Existing Carrier: \_\_\_\_\_

Billing Telephone Number (BTN): \_\_\_\_\_

(as listed on existing carrier's invoice or request assistance Clearline Communications in locating the BTN)

**Please fill out page 2 with Telephone Numbers to be ported.**



Telephone Numbers (TNs) to be ported (in 10-digit format xxx-xxx-xxxx):


**Instructions**

- 1. Ensure all fields are entered. Extra TN fields may be left blank depending on quantity of numbers.
  - 2. If you have multiple BTNs, then please fill out a separate LOA for each BTN and list telephone numbers attached to that BTN.
  - 3. Please attach the most current invoice from the existing carrier.
  - 4. **Please return the completed form, signed, and dated to Clearline Communications.**
- Fax: 207-692-2416  
 Email: [support@clearlinecomms.com](mailto:support@clearlinecomms.com)

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