



Three River Account # \_\_\_\_\_

Dear Business Owner

Thank you for choosing **Three River** as your telephone provider. As you are aware, you may be able to continue to use your existing telephone number/numbers with **Three River** local service. In order to transition your current telephone number(s) to **Three River** service, **Three River**, either on its own or through its designated agent, must work with your previous service provider to ensure that your service is uninterrupted, and where applicable, to ensure that your number(s) is transferred. The process may require up to thirty (30) business days to complete. **Three River** will notify you by e-mail when your number(s) is successfully transferred, and we will notify you in case there are any unusual delays. You may also call toll-free 866-569-2666 to verify that your number/numbers has been transferred.

This letter serves as proof that you have explicitly authorized and requested that your service and current telephone number(s) 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(s) to **Three River**. Once your number(s) is transferred, you will be able to use your old number(s) with your new **Three River** service. Please provide below the billing name and address associated with the telephone number(s) that you are transferring:

**Business Name:** \_\_\_\_\_

**End User Authorization Name:**

Last \_\_\_\_\_, First \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Relation to business: \_\_\_\_\_

**Service Address:**

Street/City/St/Zip: \_\_\_\_\_

\* *Billing address the same as Service Address:*      **YES**      **NO**      *(Please provide address on back page)*

**Current Telephone Number/Numbers to be ported (please note if one is a dedicated fax line):**

Number: \_\_\_\_\_ Listed YES NO      Number: \_\_\_\_\_ Listed YES NO

Number: \_\_\_\_\_ Listed YES NO      Number: \_\_\_\_\_ Listed YES NO

Number: \_\_\_\_\_ Listed YES NO      Number: \_\_\_\_\_ Listed YES NO

Toll Free Number: \_\_\_\_\_ Ring to: \_\_\_\_\_ Listed YES NO

*If more numbers are to be ported, please provide on the back page.*

Directory Listing: \_\_\_\_\_

Caller ID Name: \_\_\_\_\_ *(maximum 15 spaces – all lines must be the same)*

**Current Service Provider**

Name: \_\_\_\_\_ Main Billing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

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**PLEASE DO NOT PLACE ANY NEW SERVICE ORDERS WITH YOUR CURRENT SERVICE PROVIDER ON THIS ACCOUNT, AS THIS WILL CAUSE DELAY IN PORTING YOUR NUMBER.**

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I acknowledge that I have read and understand the terms of this authorization, I am at least eighteen (18) years of age, and legally authorized to switch telephone companies for services to the telephone number(s) listed above. I further certify that the information on this LOA is correct to the best of my knowledge. I also understand that **Three River** may have different calling areas, rates and charges than my current telephone company, and that by signing below I indicate that I understand those differences (if any) and am willing to be billed accordingly. Should I wish to later return to my current telephone company, I understand that I may be required to pay a reconnection charge to that company.

I understand and acknowledge that, where available, the emergency calling service I receive from my **Three River** provider is subject to certain limitations that did not exist with the emergency services (911 and/or E911) I previously received with my traditional local telephone service. I have read my Subscriber Agreement/911 Advisory Requirement and User Manual and reviewed my **Three River** provider's website and understand the limitations on the availability and reliability of emergency services I will be receiving with my new service.

I understand that my request for the services indicated may be subject to credit review and that **Three River** may use any information I have provided in connection with this request for the indicated services or from any credit reporting agencies. I hereby indemnify **Three River** and its agents from any and all liability resulting from such credit investigation.

By signing below I designate **Three River** or its designated agent to transfer my service from my current provider to **Three River**. By signing below I also authorize **Three River** or its designated agent to transfer my current telephone number used to provide service so that **Three River** may provide its service to me. By signing below, I also authorize **Three River** or its designated agent to obtain billing information, customer service records and other network information required to provide me with **Three River** service. **I understand that I may consult with Three River to determine whether a fee will apply for changing each of my service provider(s).**

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

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

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LOA

**Billing Address if different from Service Address:**

Billing Name: \_\_\_\_\_

Street/City/St/Zip: \_\_\_\_\_

**Continued Telephone Number/Numbers to be ported:**

Number: \_\_\_\_\_ Listed YES NO      Number: \_\_\_\_\_ Listed YES NO

Number: \_\_\_\_\_ Listed YES NO      Number: \_\_\_\_\_ Listed YES NO

Number: \_\_\_\_\_ Listed YES NO      Number: \_\_\_\_\_ Listed YES NO

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