



Dear Customer:

Thank you for choosing **Digitel Corporation** as your service provider for FreedomPipe Hosted iPBX Service. As you are aware, you may continue to use your existing telephone number with FreedomPipe iPBX Service. In order to transition your current telephone number to FreedomPipe iPBX service through **Level 3 Enhanced Services, LLC** service, **Level 3 Enhanced Services, LLC** 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 **Level 3 Enhanced Services, LLC**. You will then be able to use your old number with your new **Level 3 Enhanced Services, LLC** service.

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) _____

Suite # _____

City: State: ZIP Code: _____

Current Service Provider: _____

Telephone Number Begin	Telephone Number End	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 **Level 3 Enhanced Services, LLC** or its designated agent to transfer my service from my current provider to **Level 3 Enhanced Services, LLC**. By signing below I also authorize **Level 3 Enhanced Services, LLC** or its designated agent to transfer my current telephone number used to provide service so that **Level 3 Enhanced Services, LLC** may provide its service to me. By signing below, I also authorize **Level 3 Enhanced Services, LLC** or its designated agent to obtain billing information, customer service records and other network information required to provide me with **Level 3 Enhanced Services, LLC** service. I understand that I may consult with **Level 3 Enhanced Services, LLC** as to whether a fee will apply to the change.

Print Name : _____ Date: _____

Signature: _____ Order number: _____