

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(s) with your service. In order to transition your current telephone number to your new service, we 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 FreedomPipe iPBX service. You will then be able to use your old number with your new service.

Please ensure the following information is completed accurately which will help prevent possible delays.

Company Name: _____
(Note that all Telephone Numbers listed below must be associated with this Company Name)

Street Address: (Service Address) _____

City: _____ State: _____ ZIP: _____

Current Service Providers: _____

If you wish to select Digitel Corporation FreedomPipe iPBX service for toll-free number/s listed on this form, you will need to sign your initials on the line below:

I select _____ (initials) Digitel FreedomPipe iPBX as the Service Provider for toll-free number/s listed below.

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

By signing below I also authorize Digitel Corporation or its designated agent to transfer my current telephone number used to provide service so that Digitel may provide its FreedomPipe iPBX service to me. By signing below, I also authorize Digitel Corporation or its designated agent to obtain billing information, customer service records and other network information required to provide me with service. I understand that I may consult with Digitel Corporation as to whether a fee will apply to the change.

Print Name: _____ Date: _____

Signature: _____

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