



The Standard Letter of Agency Document

A Letter of Agency (LOA) must be completed by the end-user and supplied to Full Channel upon request. The LOA must contain the name and current service address of the end-user and the numbers that will be ported to Full Channel from the end-user's current carrier. The LOA used must comply with FCC regulations and must be dated and signed by the end-user or a person who has the authority to act as a legal agent.

Dear Customer,

Thank you for choosing Full Channel, as your network carrier. As you are aware, you may continue to use your existing telephone number with Full Channel. In order to transition your current telephone number to the Full Channel network, Full Channel must work with your previous service provider to ensure that your service is uninterrupted, and where applicable, to ensure that your number is transferred. Full Channel requires this letter as proof that you have explicitly authorized and requested that your service and current telephone number be transferred to another Full Channel. 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 Full Channel. You will then be able to use your old number with the Full Channel network.

Please ensure the following information is completed accurately to prevent possible delays.

End-User Name (Business or Residential): _____

Person authorized to make this request if a business: _____

Service Street Address: _____ Suite or Apartment No: _____

City: _____ State: _____ ZIP Code: _____

Current Service Provider: _____ Account #: _____

**Note that all Telephone Numbers listed below must be associated with this Name.*

<u>Beginning Range TN</u>	<u>End Range TN</u>	<u>Billing (main acct) TN for porting TNs</u>
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____

PLEASE DO NOT PLACE ANY NEW SERVICE ORDERS OR DISCONNECTS WITH YOUR CURRENT SERVICE PROVIDER ON THIS ACCOUNT, AS THIS WILL CAUSE A DELAY IN PORTING YOUR NUMBERS.

If you wish to select Full Channel as your new service provider for the telephone number listed on this form, you will need to sign your initials on the THREE (3) lines below, as applicable:

- I select _____ (initials) Full Channel as the network carrier for all **local calls** for this number.
- I select _____ (initials) Full Channel as the network carrier for all **intrastate toll calls** for this number.
- I select _____ (initials) Full Channel as the network carrier for all **interstate toll and international calls** for this number.

If you want to receive service on the Full Channel network, you will need to select Full Channel in ALL THREE (3) spaces above. You may not have more than one carrier for each TYPE of service above.

By signing below, I designate Full Channel to transfer my service from my current provider to Full Channel. By signing below, I also authorize Full Channel to transfer my current telephone number used to provide service so that Full Channel may provide its network service to me. By signing below, I also authorize Full Channel to obtain billing information, customer service records, and other information required to provide service on the Full Channel network. I understand that I may consult with Full Channel as to whether a fee will apply to the change.

Printed End-User Name: _____ Date: _____

Signature: _____