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Letter of Agency to Change Service Provider

Calltuture Account ID CR0: _____
Customer Billing Name: * _____
Customer Service Street Address: * _____
Customer City, State, Zip Code: * _____
Current Provider Account Number: * _____
Current Bill Copy Attached _____ (yes) _____ (n/a)

* All fields are required. The name you enter above must be the name the phone number is officially under with your current provider (your name, spouse’s name, business name, etc). Please note the service street address and current provider’s bill copy is required for all porting requests (No PO Box Addresses). The bill copy has to be within 30 days. Please do not submit any service change orders on your current phone numbers to your current provider during the porting process. If transferring from multiple providers, please provide a different form for each

___ By initialing here and signing below, I am authorizing Calltuture Inc. to become my new service provider in place of _____ [current local service provider] for IP based telephony services. I authorize Calltuture Inc. to act as my agent to make this change happen, and direct _____ [current local service provider] to work with Calltuture to make the change.

___ By initialing here and signing below, I acknowledge that Calltuture has told me that the service does NOT support traditional 911 and that E911 Services ARE provided where applicable with certain limitations referenced at (<https://www.calltuture.com/e911limitations.html>).

___ By initialing here and signing below, I acknowledge that any services associated with my current carriers including internet access and security systems will NOT be supported.

Telephone Number(s) to be ported: (if you are unable to add all numbers please include another sheet)

I certify that I have read and understand this Letter of Agency. I further certify that I am at least eighteen years of age, and that I am legally authorized to change the telephone service providers for services to the telephone numbers listed above. I understand and agree that I may be subject to a one-time charge per line for each change in provider. I may consult with the carrier as to whether the charge will apply. If I later wish to return to my current provider, I may be required to pay a reconnection charge to that company. I also understand that my new service provider may have different calling areas, rates and charges than my current provider, and that by signing below I indicate that I understand those differences, (if any) and am willing to be billed accordingly.

Print Name

Signature

Date

I understand that my signature of this document will result in the change of my telephone service provider as described above.