



Letter of Authorization

For Local Number Porting (LNP)

The undersigned hereby authorizes **Bee Online Advantage** to act on the Customer's behalf to port the numbers listed below.

Current Provider: _____

Please fill out the following information **EXACTLY** as it appears on the **Customer Service Record** (most likely, your monthly invoice) of the current carrier:

Customer Name	
Service Address	
Service City, State & Zip Code	

Please fill out the following information **EXACTLY** as it appears on the **customer invoice** with the current carrier:

Billing Address	
Billing City, State & Zip Code	

Additional Portability Information:

Existing BTN (Billing Telephone Number) with current carrier: (____)____-_____

Account Pin Number (If you have one.) _____

Account number with current carrier: _____

Will you be porting this BTN? _____Yes

Is this a landline or cellular service? _____ - _____ - _____

(Must be dated within 30days to be valid)

Authorized Printed Name: _____ Date: _____

Authorized Signature: _____