

Welcome!												
Thank you for choosing eGoldFax!												
We will be porting your fax number(s) from your current telephone company to the eGoldFax cloud.												
To accomplish the porting we will need two things from you:												
<ul><li>☐ Letter of Authorization to Port (LOA)</li><li>☐ Copy of your current telephone bill</li></ul>												
Please fill out the attached Letter of Authorization to Port (LOA) completely and return it to us along with a copy of your most current telephone bill.												
Please email these documents to porting@goldfax.com.												
If you have any questions, please don't hesitate to contact us at sales@goldfax.com or call us directly at (714) 695-1000.												
Sincerely, The eGoldFax Team												



## LETTER OF AUTHORIZATION (LOA)/NUMBER PORTABILITY FORM

This section to be completed by GoldFax																
Today's Date					Inis	section	to be		ea by GolaFa Account Number							
<u>Customer Name</u>								Sales Representa	<u>itive</u>							
Order Information																
Quantity of Fax	Ī		F	ull or Partia	al Port*:		ted away	e only service yo ALL of your serv ve other services	vices will b	e disconnec	ted with	your s	service provid	er.		
Port from Current Carrier: Choose this if you need to keep your other services active with your current service provider.  Customer/End User Information																
Under the Federa as you remain in to your existing pho US: (http://www.f	I Communion the same go number	cations cograph . Upon	Commiss hic area, y n submissi	you can sw on of you	ritch teleph ur Letter (	none servi of Author	ce pro	oviders, incl n we will co	uding interconne nfirm coverage	ected Voice for your	over Interno number(s).	et Protoc For mo	ol (Vol	P) providers, a commation visi	and keep t:	
You may continue your telephone/fa current service provider. E The porting proces of independent cathe goal, but canregions where a Liwill work with the	e to use you ax number, ovider requ By completing ss is time con rrier/phone not be guara ocal Exchan	ur teler we mu ires thing, sign insumir compa anteed ge Cari	ohone/fax ist work v s letter as ing and dang and one anies in th . The constrier (LEC)	number(s) with your c proof that ating this le ce the num le US, each sequence is does not u	) (listed ab current ser t you have etter, you p aber is port with their s that once pdate thei	oove) with vice proviex provide the cant own datale your fax	your der to autho e auth ake da base c numb	current ser ensure yourized and re- norization to ays before a ontaining coer has bee tabase and	vice provider (lisur service is united and a service is united and a number become all routes. Getting ported, most a calls originating	sted above) nterrupted ervice and to cess of tran es fully ope g all of thos calls will be from that I	until your rand your nuelephone/fax sferring your rational on to complete december of the ecomplete december of the	number is a number service she new cupdate to but the percentage of the cupdate to be routed.	s porte transfe (s) to b and tele arrier. I heir cal re may	ed. In order to rred successfu he transferred ephone/fax nu This is due to l Il routes imme he be certain ge	transfer ully. Your to a new umber(s). nundreds diately is cographic	
Please ensure the f	following in	ormati	on is com	pleted accu	ırately to p	revent pos	sible o	delays.								
Customer/End	User Name	as it ap	ppears on	invoice/Cu	ıstomer Se	rvice Reco	ord [									
					Serv	vice Addre	ess .									
Room/Floor									Building							
City										State		Zip C	ode			
LOA Signed By (individual authorized to make changes to account)												Da <sup>·</sup>	te 🗀			
Current Account Number																
ι	ocal Exchar	nge Car	rier (LEC)	Main Billin	g Telephor	ie Numbei	r									
Fax numbers to be ported (three-digit area code, three-digit central office code, and four-digit station number).  If porting more than 5 numbers to port please submit a comma separated value (.CSV) file.																
'All Fax Telephone Numbers listed to port MUST be associated with the carrier listed above. PLEASE REMOVE ANY FEATURES (i.e., Hunt Group) ASSOCIATED WITH THESE NUMBERS PRIOR TO SUBMITTING THIS LETTER AUTHORIZATION (LOA). ADDITIONALLY, 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.																
Notes:																
All Firm Order Confir	guarantee.							-		-						
By signing below, you designate the carrier to transfer your service from your current provider. By signing below, I also authorize the carrier to transfer your current telephone/fax number used to provide service so the carrier may provide its network service to you. By signing below, I also authorize the carrier to obtain billing information, customer service records and other information required to provide me with service on the network. I understand I may consult with the network as to whether a fee will apply to the change.																
IMPORTANT: Plea	se include d	сору с	of a recen	t Telephon	e Bill. Inclu	ıde the pa	ges sh	nowing the	Bill To Address, A		Contact, and	l Fax Nun	nbers to	o be ported.		
Signature: (individual authorized to make changes to account)										Date:						