Porting Letter of Authorization (LOA)

1. Customer Name (your name should appear exactly as it does on your telephone bill):

First Name	**Last Name**
Business Name (if the service is in your company's name)	

2. Service Address on file with your current carrier (Please note, this must be a physical location and cannot be a PO Box):

Address		
City	**State/Province**	**Zip/Postal Code**

3. List all the Telephone Number(s) which you authorize to change from your current phone service provider to the Company or its designated agent

Phone Number*	**Service Provider**
( )	
( )	
( )	
( )	

***If you have more than 4 numbers, please list on an extra page**

By signing the below, I verify that I am, or represent (for a business), the above-named service customer, authorized to change the primary carrier(s) for the telephone number(s) listed, and am at least 18 years of age. The name and address I have provided is the name and address on record with my local telephone company for each telephone number listed. I authorize Avochato, Inc. (the "Company") or its designated agent to act on my behalf and notify my current carrier(s) to change my preferred carrier(s) for the listed number(s) and service(s), to obtain any information the Company deems necessary to make the carrier change(s), including, for example, an inventory of telephone lines billed to the telephone number(s), carrier or customer identifying information, billing addresses, and my credit history.

Authorized Signature **Print** **Date**

For toll free numbers, please change RespOrg to TWI01.
Please do not end service on the number for 10 days after RespOrg change.