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## LETTER OF AUTHORIZATION LOCAL NUMBER PORTABILITY

Thank you for choosing FBT Telecom Advanced Voice, powered by InnovaCrew Technology Services. Local Number Portability (LNP) allows you to move your current telephone number(s) from your current telephone service provider to FBT Telecom. Your current provider requires this Letter of Authorization as proof that you have explicitly requested and authorized to have your telephone number transferred to another provider. By submitting this form, you authorize us to initiate the process of transferring your telephone number to FBT Telecom. After the transfer is complete, your transferred telephone number will ring your FBT Telecom phone.

*Once this form has been faxed back to FBT Telecom, the number porting process cannot be stopped.* Your account will be assessed a port fee of \$25 /line upon receipt of a Firm Order Confirmation date.

The process of transferring your number will take a minimum of 30 business days to complete, during which time we may or may not be able to obtain status updates from your current provider regarding the status of the transfer. While the transfer is being scheduled, your current telephone service and your FBT Telecom service will not be interrupted. During this time, you must maintain active paying service with both your current provider and with FBT Telecom. Once the change has taken place, calls to your current telephone number will ring your FBT Telecom phone. Canceling your FBT Telecom service after faxing this form and before your number port is complete will result in losing your phone number.

If you have any additional services on your existing line (other phone numbers, toll-free numbers, Centrex services, etc.) we may not be able to port your number. You must remove any additional services on that number and wait at least two weeks before faxing this form to FBT Telecom.

**IMPORTANT:** Please do not submit any service change orders on your current phone number to your current provider. Doing so will delay or cancel this transfer.

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**ALL FIELDS ARE REQUIRED**

*The name (business name, your name , spouse's name, etc.) entered below **MUST** appear exactly as is does on your current carriers' billing statement.*

CUSTOMER NAME		
SERVICE ADDRESS (STREET, CITY, STATE, ZIP CODE)		
BILLING ADDRESS (IF DIFFERENT)		
BILLING TELEPHONE NUMBER	CURRENT CARRIER	CURRENT ACCOUNT NUMBER
NUMBER(S) TO PORT		

*By signing below, I designate FBT Telecom, its carriers, and designated agent(s) to transfer my service from my current provider to FBT Telecom. By signing below, I also authorize FBT Telecom or its designated agent to transfer my current telephone number(s) so that FBT Telecom may provide its service. By signing below, I also authorize Fast Break Tech Telecom or its designated agent to obtain billing information, customer service records, and other network information required to provide me with FBT Telecom service. I understand that I may consult with FBT Telecom as to whether a fee will apply to the change.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

***Please fax this Letter of Authorization to (916) 290-0563 with the first page of your current provider's bill. The bill must clearly show your name, phone number, address, account balance and the carrier's name. The bill MUST NOT be more than 30 days old.***