



## Letter of Authorization to Change Telephone Service Provider (Canada)

WARNING: If you cancel your existing service before the number porting has been completed, we might not be able to recover your phone number. Do not cancel your current service until you have received notification from **Avaya Cloud Inc** that your port has been completed.

### Statement of Authorization

The undersigned Customer agrees that they possess the legal authority to authorize **Avaya Cloud Inc** its preferred carriers, affiliates, and/or authorized agents ("**Avaya Cloud Inc**") to act as agent to arrange for use of Customer's (Local Phone Number(s) listed below, including authorization for a carrier to submit a porting request and any necessary service orders for connection or disconnection of service. The Customer further acknowledges that they have the legal authority to authorize **Avaya Cloud Inc** to act as Customer's agent for the purpose of taking any and all actions required to transfer the services on the telephone number(s) listed below to **Avaya Cloud Inc**.

### Account Information

List the telephone number(s) Customer would like to port below. All phone numbers must have the same service address and carrier. **If Customer has more than one service area or carrier, please use additional copies of this form.**

Company Name: \_\_\_\_\_ Company Address: \_\_\_\_\_

Current Carrier: \_\_\_\_\_ Carrier Account #: \_\_\_\_\_

(Note all phone numbers listed below must be associated with Customer's Name)

**Number(s) to be ported:**


By signing below, the undersigned Customer permits **Avaya Cloud Inc** to transfer service from its current provider to **Avaya Cloud Inc** and also authorizes **Avaya Cloud Inc** to transfer Customer's current telephone number(s) used to provide service so that **Avaya Cloud Inc** may provide its service to Customer. In addition, **Customer permits Avaya Cloud Inc to obtain the latest billing/invoice information, customer service records and other network information required to establish, maintain and provide service to Customer. This information cannot be older than 30 days.**

Customer Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Position in company: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ (e.g. 01-Jan-2021)

Email Documents To: [siptrunkporting@avaya.com](mailto:siptrunkporting@avaya.com)