The undersigned company (“**Company**”), as the end user subscriber and owner of the telephone numbers listed herein, hereby designates Orange Business Services U.S., Inc.(“**OBS US**”) to act as Company’s agent in changing its Responsible Organization and porting each of the telephone number(s) specified on this form to either OBS US, or to its affiliate France Telecom Corporate Solutions LLC **(“FTCS”)**.

|  |  |  |
| --- | --- | --- |
| Telephone Number | Telephone Number | Billing Telephone Number [BTN] **\***  (The BTN field is a 10-digit number, consisting of an area code and seven digit number.) |
| From | To |  |
| From | To |  |
| From | To |  |
| From | To |  |
| From | To |  |
| From | To |  |
| From | To |  |

**\*Tip: including the service Billing Telephone Number (BTN) in the list is mandatory either for full or partial porting.**

**Identification of the current AND losing Operator / Service Provider (DONOR)**

Operator / Service Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number (as see on current bill): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company releases OBS US, FTCS, and any third party from liability for acting in accordance with these instructions.

Company is fully responsible for the accuracy of the information herein contained and undertakes to pay any and all charges associated with this porting request. This letter is valid for 2 months after the date of signature. The undersigned represents to OBS US that he/she is fully authorized to sign and deliver this letter on behalf of Company.

Company acknowledge that if Customer Service Record will not be provided with porting request, OBS US may request Customer Service Record from current provider which may lead to porting delay.

**Understood and Agreed:**

Company Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_

Name and Title (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\**Name and Address as shown on Customer’s most recent bill from current Operator / Service Provider*