

LETTER OF AUTHORIZATION



Dear Loveland Pulse Subscriber,

Thank you for choosing Pulse, as your network carrier. As you are aware, you may continue to use your existing telephone number with Pulse. In order to transition your current telephone number to the Pulse network, Pulse must work with your previous service provider to ensure that your service is uninterrupted, and where applicable, to ensure that your number is transferred.

Your current provider requires this letter as proof that you have explicitly authorized and requested that your service and current telephone number be transferred to another provider. By filling in all the information requested below and signing and dating this letter, you provide us with the authorization to initiate the process of transferring your service and telephone number to Pulse. You will then be able to use your old number with the Pulse network.

Please ensure the following information **MATCHES WHAT APPEARS ON YOUR EXISTING STATEMENT**, and is completed accurately to prevent possible delays.

Account Holder Name: _____

Telephone number to transfer: _____

Account Number listed on your current statement: _____

Pin # with current provider: _____

Person authorized to make this request: _____

Service street address: _____ Suite or Apartment No: _____

City: _____ State: _____ ZIP Code: _____

Current Service Provider: _____

**Note that all Telephone Numbers listed below must be associated with this Name.*

	<u>Beginning Range TN</u>	<u>End Range TN</u>	<u>Billing (main acct) TN for porting TNs</u>
1	_____	_____	_____
2	_____	_____	_____

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.

If you wish to select Pulse as your new service provider for the telephone number listed on this form, you will need to sign your initials on the THREE (3) lines below, as applicable:

- I select _____ (initials) Pulse as the network carrier for all **local calls** for this number.
- I select _____ (initials) Pulse as the network carrier for all **intrastate toll calls** for this number.
- I select _____ (initials) Pulse as the network carrier for all **interstate toll and international calls** for this number.

If you want to receive service on the Pulse network, you will need to authorize Pulse in ALL THREE (3) spaces above. You may not have more than one carrier for each TYPE of service above.

By signing below, I designate Pulse to transfer my service from my current provider to Pulse. By signing below, I also authorize Pulse to transfer my current telephone number used to provide service so that Pulse may provide its network service to me. By signing below, I also authorize Pulse to obtain billing information, customer service records, and other information required to provide me with service on the Pulse network. I understand that I may consult with Pulse as to whether a fee will apply to the change.

Printed End-User Name: _____ Date: _____

Signature: _____