

The undersigned Toll-Free number holder does hereby appoint Level 3 as the Responsible Organization for toll-free numbers.

## Please fax when completed to (212)413-7051

								Office use only											
ate:	ITP Acct #:																		
	TOLL FREE NUMBER(S)				W	What Phone # should it Point to?													
1.	(	)	-		(	)	-												
	(				(	)	-												
3.	(	)	=		(	)	=												
NEW RE	SP ORG			KSW01	CI	JRRENT	RESP ORG												
New Res	p Org Tele	phone #		(888)487-11	10														
New Res	p Org Fax	#		(212)413-70	51		Do Not Write	n This Box. For Inte	ernal Use Only										
			<u>(</u>	Custome	r Info	matio	<u>n</u>												
Customer Name:																			
										Address:									
																	Zip: _		
Contact	Phone (	other th	an the	toll free #	f):														
Fax Num	ber:				Cell #	<b>=</b>													
Contact	Email: _																		
				<b>Understand</b>		<u>lowing</u> :													
				port my numb															
							ctive with my co	arrent provider. rom my current p	vrovider										
				akes 5 days (				on my current p	novider.										
<b>5.</b> If I	disconnect	my phone CANCEL Y	service wit	h my current i	provider b	efore my	number is porte	ed then it will not YOU THAT YO											
<b>6.</b> lu			cel my ITP	account befor	e my nun	nber is po	rted, I must not	fy the porting de	partment of th										
	send an e-				vithin 72 h	nours con	firming the rece	ipt of this LOA fo	orm then it is m										
<b>8.</b> If I	fax this for	m then it is	my respon	sibility to conf		ne fax wa	s received by c	ontacting Custon	ner Support.										
<b>9.</b> Le	vel 3 is the	Resp Org f	or: SwitchS	Space and ITF	P.														

Please Note: You MUST Include a Copy of Your Most Recent Bill (dated 30 days or less) or This Cannot be Processed!

When completed, please fax to (212)413-7051 or email to porting@itpvoip.com