### **Letter of Authorization (LOA) – Multiple FAX NUMBERS**

In order to transition your current fax number to GFI FaxMaker Online your current service provider requires an accurate and signed Letter of Authorization (LOA). The major reason a fax number is not ported to the GFI system in a timely fashion is that the information is either not complete or accurate: this is CRITICAL to avoid delays.

By filling in all the information requested below and signing and dating this letter, you provide us with the authorization to initiate the transfer of your fax number to the GFI FaxMaker Online Service**.**

**Company Name\***  

Person authorized to make this request 

Service Street Address\*\*: Suite or Apartment No: 

City:  State: ZIP Code: 

Current Service Provider: 

\*Note: The Company Name listed here must be the same name as your Current Service Provider has on their records for the fax number being ported

\*\*Note: This is the address that is associated with your Current Service Provider account.

**Fax Numbers (Start range, or single number) Fax Numbers (End range)**

**Main Billing Telephone Number\*\*\***

1  

2 

\*\*\*Is the BTN (billing telephone number) required for porting? It is possible that it is one of the numbers you would like to port. If you are unsure what your BTN is, please contact your current service provider.

3 

4 

5 

6 

7 

8 

Should you have more fax numbers to port than space available above, please attach a spreadsheet of the numbers you would like to port to this LOA.

**PLEASE NOTE** The following will delay the porting of your number

We suggest that:

1. REMOVE ANY FEATURES (i.e., Hunt Group) ASSOCIATED WITH THESE NUMBERS PRIOR TO SUBMITTING
2. DO NOT PLACE ANY NEW SERVICE ORDERS OR DISCONNECTS WITH YOUR CURRENT SERVICE PROVIDER ON THIS ACCOUNT

In order to use GFI FaxMaker Online you must select GFIas your new service provider for the telephone number listed on this form. To do this ***initial*** all three (3) lines below, as applicable:

I select \_\_\_\_\_\_\_\_\_ (initials) GFI as the network carrier for all local calls for this number.

I select \_\_\_\_\_\_\_\_\_ (initials) GFI as the network carrier for all intrastate toll calls for this number.

I select \_\_\_\_\_\_\_\_\_ (initials) GFI as the network carrier for all interstate toll and international calls for this number.

 You may not have more than one carrier for each TYPE of service above.

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

Authorized requester: Date:

Signature:

Please sign, date, and email this form to Sales@gfi.com. You must include a copy of your Customer Service record or the first page of your most recent phone bill.