



Letter of Agency

Dear Customer,

Thank you for choosing Vaxxine as your new phone provider. In order to port your existing telephone number(s) to Vaxxine, we require you to sign and send back this form.

This LOA form gives authorization to release your existing phone number(s) over to Vaxxine. Please **type** your information in the fields below. When complete, you can print/sign/email back to sales@vaxxine.com, or fax back to us at 905-685-8152,

Note: Please do not cancel service with your current provider before the number port is 100% complete, and confirmation has been provided from Vaxxine that the port is complete. Canceling service with current provider before the number port is 100% complete and confirmed could result in loss of number, as inactive numbers cannot be ported.

Company Name (if applicable)	
Account Holder Name	
Address	
City	
Postal Code	
Business or Residential	
Current Local Service Provider	
Phone Number(s) to port	

* Note: Please ensure that the address listed above matches what is listed on your phone bill for your telephone number. Ensure your bill is current and there is no pending port to another provider. Also note that **we require you to bring in, fax, or email a copy of your current phone bill along with this completed LOA.**

Authorized Customer Signature

Authorized Printed Name (as per above signature)

Date

* Please be advised possible charges may be applicable should rejection arise for any incorrect or missing information provided to us in the LOA/Invoice. In addition penalties may apply if your current phone service is in arrears resulting in a rejection.