



LETTER OF AUTHORIZATION FOR LOCAL NUMBER PORTABILITY

The Customer hereby authorizes babyTEL to act on behalf of the Customer to make changes to the Customer's existing local phone service with respect to Local Number Portability, limited to the local phone numbers listed below. The Customer hereby authorizes babyTEL to port/disconnect the indicated numbers from the Customer's existing local phone service provider.

CUSTOMER INFORMATION

babyTEL Account Number (or babyTEL telephone number): _____
Customer Name (as it appears on the babyTEL account): _____
Customer Name (as it appears on local phone bill if different): _____

PORTING INFORMATION

Local phone number to be ported (10-digits): _____
Address of line: _____ City: _____
Province: _____
Postal Code: _____
Main billing phone number: _____ Service provider: _____

List other account phone numbers to be ported (10 digits) – numbers not listed will not be ported and may be canceled. (If number(s) to be ported is/are part of a hunt group, please fill out **appendix A**)

CUSTOMER AUTHORIZATIONS

1. I, the undersigned, have been advised by babyTEL that:
 - a. Local Number Portability may result in a minor disruption in the Local and/or Long Distance Services.
 - b. By authorizing Local Number Portability I select babyTEL as service provider for all calls for the number(s) I wish to port, including local, toll free, long distance and international calls.
 - c. Certain features and services provided by the current service provider of the local phone number(s) listed on this form may no longer be available through babyTEL.
2. I, the undersigned, confirm that:
 - a. I do not currently have DSL service on the line of the local phone number(s) listed on this form.
 - b. The line of the local phone numbers I wish to port is a POTS line (plain old telephone service) and not Centrex or ISDN.
 - c. There are **no orders for service/feature changes or cancellation pending/planned or outstanding overdue charges** with the service provider for the account of the numbers I wish to port.
3. I, the undersigned, have the authority to port the local phone number(s) listed on this form.
4. I, the undersigned, agree to have this letter of authorization drawn up in English.

Authorized Signature: _____

Print Name: _____

Date: _____

INSTRUCTIONS

Send a signed and dated copy of this authorization form along with a copy of your most recent local phone bill to babyTEL. The bill must display your name, number(s), service address and provider's name.

Send by fax to: 1-514-201-6556 or

Send by mail to: babyTEL • 1425 René Lévesque • Suite 700 • Montréal, Qué. • Canada • H3G 1T7



Appendix A

HUNT GROUP INFORMATION

Seq.	Number	Check the appropriate box to indicate the action to be taken for each of the numbers (Disconnect or Keep or Port)		
		Disconnect	Keep	Port
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

NOTE

For all numbers you wish to keep, please contact your existing carrier and have them redo your pilot number and hunt sequence prior to porting.

In other words, number(s) to be ported must be isolated from number(s) in existing hunt sequence.