

Sample LOA FORM



***Important:** Make sure the information below matches the information from your phone bill to avoid complications and port rejections*

Name of account owner: _____
Name of the person who owns the number. This should match the name with the your provider and should be exactly as registered with your current service provider.

Organization: _____
Organisation name that is associated with the number. This can be found in the address portion of the bill from your current provider

Address: _____
This is the address that your bills are sent to.

City: _____

Zip Code: <zip code>

State: <State> **Country:** _____

Email Address: _____

Current Phone Service Provider: _____

To Whom It May Concern

I, the account owner named above, from the organization named above, grant Plivo Inc permission to port any and all numbers listed in this letter from our current service provider, **Name of the current service provider**, to Plivo Inc.

Phone numbers to be ported:

Please enter the phone numbers that you would like to port. Numbers has to be entered in the text boxes including the country code		

(Signature)

First name and Last name as registered with the current service provider

Date : _____

<First name Last name>



***Important:** Make sure the information below matches the information from your phone bill to avoid complications and port rejections*

Name of account owner: _____

Organization: _____

Address: _____

City: _____

Zip Code: <zip code>

State: <State> **Country:** _____

Email Address: _____

Current Phone Service Provider: _____

To Whom It May Concern

I, the account owner named above, from the organization named above, grant Plivo Inc permission to port any and all numbers listed in this letter from our current service provider, _____, to Plivo Inc.

Phone numbers to be ported:

(Signature)

Date : _____

<First name Last name>