



Letter of Agency

Dear Customer,

Thank you for choosing Eyesurf as your new phone provider. This form gives authorization to release your existing phone number(s) over to Eyesurf.

In order to complete the port, we require that this form be completed and emailed back to info@eyesurf.net.

Please ensure that the information you supply for account holder name and address matches what is currently listed on your existing phone bill for your telephone number.

Failure to do this will cause the number port to be rejected.

Note: Please do not cancel service with current provider before the number port is 100% complete, and confirmation has been provided from Eyesurf that the port is complete.

Canceling service with your current provider before the number port is 100% complete will 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	