



# Number Port Order Form

**1. Customer Information** (Please list the Business or Person, *authorized* name and address EXACTLY as it appears on the bill)

Company Name		Company Billing Contact	
	Name:	Phone:	
	Email:		
Billing Address (please include the City, State, and Zip)			

**2. Technical Contact Information** (Contacts for questions from Convirza regarding port or provisioning. If we should work with a contact at the carrier, please provide here.)

Company Internal Telecom/IT Contact		
Name:	Phone:	Email:
Current Telecom Provider		
Telecom Provider:	Provider Contact Name:	
	Phone:	Email:

**3. Porting Number Information** (Do NOT include dashes, dots, or parenthesis in the numbers)

Number to Port:	Ring-to Number:	Route Name:	Group Assigned to:	Comments:

\*If you are submitting more numbers to port than space on this form allows, please submit the complete list in a spreadsheet with the same column headings.