

### **Instructions for filling out the Letter of Authorization**

- Please fill form out legibly to ensure no mistakes in the porting process.
- In the blank in the second paragraph, please enter the name of your provider of your current number.
- Please date the letter of authorization - only letters of authorization less than one month old can be accepted.
  
- Legal Name: this is the company or contact name the provider has on file.
- Service Street Address: this is the physical address where the fax machine works. If you are using an online service, this will be the address they have on file for the number.
- City/Province/Postal Code: or State and Zip Code, of the service address.
- Printed Name of Authorized Requestor: only people who have authorization on the current account can request a number be ported out.
- Title of Authorized Requestor: for example owner, head of IT, etc. This can be left blank.
- Authorized Requestor Signature: please sign document before submitting.
  
- Telephone Numbers: please enter fax number(s) you are wanting to have ported.
  
- Please submit the letter of authorization along with your latest invoice for the number to info@smartnd.ca

**Please note:** when **porting a number** into OutSmart EMR, the fax number will no longer work on the existing line or with the current fax machine. The number will be solely with your account online; all calls will be routed directly to your OutSmart EMR account and you will be able to receive multiple calls simultaneously.

If you are still wanting to use your fax machine to be able to fax out on, you will need to have a working line for your machine, either by only forwarding your existing number to an OutSmart EMR number or by having another number put in place after your port is completed.

**Call forwarding** is set up by your provider of your existing number: your number will be programmed to forward all incoming calls to your OutSmart EMR number. You will still be able to send faxes from your machine as well as through your OutSmart EMR account, but you will only be able to receive one call at a time on your OutSmart EMR account.

## Letter of Authorization Voice Services

To Whom it may Concern:

The undersigned Customer hereby authorizes Telephone Corp. ("Telephone") to act as an agent on its behalf in the ordering and administration of telecommunication services and facilities. This applies to the addition of new services, rearrangements and removal of services carried out as per the received instructions.

This letter directs Telephone to transfer the Telephone Numbers listed below from the current provider \_\_\_\_\_ and gives Telephone full authority to deal with the service provider on the Customer's behalf with regard to the billing of the Numbers. This direction and authorization will remain in effect until written notice is received by Telephone that it has been withdrawn by the Customer.

The Customer acknowledges having transferred the Numbers to Telephone and Telephone, for all purposes, will control and be responsible to the service provider for payment of all amounts owing in respect to those Numbers. The undersigned acknowledges that the customer had agreed with Telephone to cancel such transfer only upon payment in full to Telephone of all amounts owed by the Customer for services provided in respect of the Numbers.

The undersigned warrants to service provider that they are an authorized signatory of the Customer and have full authority to authorize Telephone to act as an agent on behalf of the Customer.

Agreed this \_\_\_ day of \_\_\_\_\_ in the year \_\_\_.

\_\_\_\_\_  
Legal Name

\_\_\_\_\_  
Printed Name of Authorized Requestor

\_\_\_\_\_  
Service Street Address

\_\_\_\_\_  
Title of Authorized Requestor

\_\_\_\_\_  
City/ Province/ Postal Code

\_\_\_\_\_  
Authorized Requestor Signature

Telephone Numbers:

|       |       |       |       |
|-------|-------|-------|-------|
| ( ) - | ( ) - | ( ) - | ( ) - |
| ( ) - | ( ) - | ( ) - | ( ) - |
| ( ) - | ( ) - | ( ) - | ( ) - |
| ( ) - | ( ) - | ( ) - | ( ) - |
| ( ) - | ( ) - | ( ) - | ( ) - |