

# End User Local Number Porting Form

I hereby authorize Rural Technology Group (RTG) to act as the new service provider for the account listed below and to initiate the porting process. I understand that this will terminate the service provided by the old service provider. I represent that I have authority for the telephone number identified on this form and that I am at least eighteen (18) years of age.



## Contact Information

**Name, Phone, Email:**

Ryan Bello, 541-323-0302, ryanb@rtgmail.com

## End User Porting Information

**Customer Name:**

**Billing Telephone Number:**

**Current Service Provider:**

**C.S.P. Account Code:**

**Pass Code (if applicable):**

## Numbers to Port

**Port TN #1:**

**Port TN #2:**

**Port TN #3:**

**Port TN #4:**

**Port TN #5:**

## Service Address

**Street:**

**Street:**

**City, State, ZIP**

## Billing Address

**Street:**

**Street:**

**City, State, ZIP**

## Authorization

**Date:**

**Printed Name:**

**Signature:**

**Title:**