Wireless Beehive

Letter of Authorization

Dear Wireless Beehive Customer,

Thank you for choosing Wireless Beehive for your VoIP solution. Local number portability allows you to keep your current phone number while changing your service provider to Wireless Beehive. We will work with your current provider on your behalf to transition your phone number quickly; the process usually takes 15-45 days.

Your current carrier will require that we have this authorization form in our system before they will allow us make changes to your account. By filling out and signing this form you are authorizing Wireless Beehive to begin the process of porting your existing phone number so that Wireless Beehive will be your new service provider. Once the process is complete you will be able to use your old phone number with Wireless Beehive service.

Please print:

Last:_____ First:_____

Service address: _____

City: _____ State: _____ Zip: _____

Number(s) you wish to transfer to WB: ( ) _____ - _____
( ) _____ - _____
( ) _____ - _____

Current service provider:_____ Account #_____

In order to transfer your number please acknowledge by marking all the boxes below:

☐ I select WB for all local calls to this number
☐ I select WB for all local toll calls to this number
☐ I select WB for all long distance and international calls for this number

By signing below, I authorize Wireless Beehive a provider of VoIP solutions to act in my behalf for the purpose of porting the telephone number(s) listed above from my current carrier to Wireless Beehive. I authorize Wireless Beehive to obtain billing information, customer service records and other network information required to provide me with service as a Wireless Beehive VoIP customer.

Call Forwarding must be enabled on your current Phone Line before installation can be completed.

Please drop off, fax or mail this form to us with a copy of your most recent telephone bill (no more than 30 days old) showing your name, account number and service address. We must have both in order to port your number.

Authorized Signature:_____ Date:_____

Printed Name: _____

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