Terms of Acceptance

Confirmation of Application Portability

CUSTOMER INFORMATION

Number (s) to be ported (Please use an annex if needed):____

_____

Existing Carrier Name:

_____

Customer Name:

_____

Tax ID #_____

ADDRESS: _____

CITY: _____STATE_____ZIP:_____

***NAME OF RESPONSABLE: _____**

***TITLE: _____**

Tel: _____

Fax: _____ E-mail:_____ *

Required for company.

Complete only if the address of the ported phone (s) is different from above.

ADDRESS: _____

CITY: _____STATE:_____ZIP:_____

For exclusive use of TALK TELECOM

CNL (National location Code):_____

Segment: ( ) Residential ( ) Business ( ) Other

Access Type: ( ) Basic

( ) Multiple “DDR” Number Quantity: ____ Sequential ( ) Yes ( ) No

( ) Other Describe:
_____ **Talk**

Telecom Manager:

ANNEX – Please list ported numbers

Confirmation of Request for portability

_____ _____

Customer Signature **Date**

TALK TELECOM CORP.

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