

LETTER OF AUTHORIZATION

1. **Customer Name** (your name should appear **EXACTLY** as it does on your local telephone bill)

First Name: Moin

Last Name: Jan

Business Name (required only if phone service is in your Company's Name): 1000330803 Ontario LTD

2. **Service Address** (primary address where the telephone service will be located. No Post Office Boxes)

Address: 7600 Highway 27

City: Woodbridge

State: ON

Zip code: L4H0P8

2. **Billing Address** (if different from your service address, should appear **EXACTLY** as it does on your local telephone bill)

Address: 7600 Highway 27

City: Woodbridge

State: ON

Zip code: L4H0P8

4. List below all Telephone Number(s) for which you authorize change from your current phone service provider.

Telephone Number(s) (list all numbers to be ported)	Current Service Provider
(226) 640-8265	Voip MS
(226) 271-1259	Voip MS
(226) 406-5422	Voip MS
(226) 806-0482	Voip MS
(548) 486-5067	Voip MS
(226) 916-1711	Voip MS
(438) 299-8660	Voip MS
(438) 255-1762	Voip MS
(438) 802-3116	Voip MS
(613) 704-5667	Voip MS
(343) 453-5844	Voip MS
(226) 270-7306	Voip MS
(226) 829-5519	Voip MS
(226) 640-3801	Voip MS
(289) 302-7019	Voip MS
(226) 702-2265	Voip MS
(289) 276-8748	Voip MS
(438) 230-9601	Voip MS

* **Billing Telephone Number** ("BTN"):

6476249096

Account Number

353150

(*This MUST be provided if number(s) to be ported is a Business Account)*

☐ Check this box, if you have additional numbers on your Business Account that you do NOT want ported.

5. If the number(s) to be ported is a mobile number, please provide the following information:"

Mobile Number	Mobile Account Number
---------------	-----------------------

VERIFICATION - PLEASE READ BEFORE SIGNING BELOW

By signing below, I verify that I am, or represent (for a business), the above-named local service customer, authorized to change the primary carrier(s) for the telephone number(s) listed, and am at least 18 years of age. The name and address I have provided is the name and address on record with my local telephone company for each telephone number listed. I warrant that the address that I have provided above is the address where I will be using this service. I authorize and designate Wavix to act as my agent and notify my current carrier(s) to change my preferred carrier(s) for the listed number(s), to obtain any information Wavix deems necessary to make the carrier change(s), including, for example, an inventory of telephone lines billed to the telephone number(s), carrier or customer identifying information, billing addresses, and my credit history. I further understand that after this process is completed my telephone and/or associated service(s) will be changed to Wavix as indicated above.

I understand that I am authorizing change(s) of my primary carrier(s) for my telephone and/or associated service(s), and that I may select only one primary carrier per service, per number. I understand that my local telephone company may bill me a one-time charge for requested service change(s) for each telephone number.

Signature *Moin Jan*

Date: 12/14/2023

Printed Name: Moin Jan