**PORT REQUEST FORM**

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| Date: Sales ID: Sales Person Name: |
| Customer Name: |
| Street Address: |
| City: State: Zip Code: |
| Contact Name : |
| Contact Phone: Fax: |
| Contact E-mail: |
| Billing Address: |
| Phone Numbers to be ported: |

Telephone Numbers Billing Telephone Number Current Carrier(s)

**Please note: It can take up to 14 business days for a full port providing all information is correct and accurate and Maxsip has customer’s current carrier phone bill in hand.**

**🞏 Check this box if an additional page of phone numbers to be ported is attached**

**Please provide a copy of the most recent phone statements with your current provider for the phone numbers listed above.**

**Porting Information and Disclaimer:**

This form authorizes Maxsip Corp and/or Maxsip Telecom Corp (“Maxsip”) to request the transfer of your phone numbers listed above from your current phone company, and for Maxsip to provide your phone services. Please do not make any changes to your current phone numbers as this may cause a delay or cancellation in transferring those numbers. This includes adding or removing features, changing services, or requesting cancellation of services. In no way can this form be construed, interpreted or understood to guarantee the successful porting of phone numbers. We provide porting services to our customers with the understanding that the customer is responsible for the payment of their service under any circumstance no matter if the requested number has been ported or not.

**Please read carefully the following statements.**

**By signing below, you acknowledge that you have read, understood and agree with each of these statements:**

I certify that I am at least 18 years of age, and authorized to change the service providers for the phone numbers listed in this Porting Agreement.

I authorize Maxsip to port the phone numbers listed with the understanding that porting will result in disconnection of these phone numbers from my current carrier and finalization of the current account(s) for these numbers. I authorize Maxsip to assume full responsibility for the above dedicated inward dialed (DID) and /or toll free numbers. I understand that I may consult with Maxsip as to whether a fee will apply to the change.

I designate Maxsip to act as my agent with third party equipment/service vendors, to complete and sign related paperwork, obtain billing information, customer service records and other network information required to port the phone numbers listed herein and provide me with Maxsip service.

I agree to pay Maxsip for service whether or not my number is ported and I authorize Maxsip to place all charges for porting and phone services on my credit card or debit my checking account with no additional notice or consent required. If I choose, I can cancel my service at anytime or remain with the temporary numbers previously assigned.

E911 Emergency Service: Based upon recent FCC Ruling By default, all port requests will be processed with E911 service, if available. I understand there will be an additional $15.00 setup fee as well as an added $1.95 to my monthly bill. If E911 is not available in my area, I acknowledge that fact and wish to continue with the processing of this order.

I acknowledge that I have read, understand and agree to be bound by all the terms and conditions of the Master Service Agreement as posted on the Maxsip website at www.maxsip.com.

I indemnify and hold harmless Maxsip against any loss or damage it may suffer as a result of any information included in the form or the above certification being false, misleading or incorrect.

I certify that I read, understand and accept the terms and conditions, both expressed and implied, without exception. Maxsip makes no express warranty regarding the Service and disclaims any implied warranty including any warranty of merchantability or fitness for a particular purpose.

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Customer Name (print) Date

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Customer Signature