



## 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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