Softlinx®

ReplixFax®

Instructions for Successful Fax Number Porting

Fill out the attached **TELNYX Letter of Agency (LOA)** form as follows:

- **Make sure the Service Address matches the address on your current bill exactly.** *Customers located on streets with ordinal numbers should confirm the exact spelling, as some carriers treat "E. Sixth St." differently than "E. 6th St."*

- **BTN stands for Billing Telephone Number.** Billing Telephone Number (BTN) is the master telephone number that is used to identify an account with a carrier. Depending on what type of account you have, you could have one or multiple BTNs, so you want to be sure to ask your current carrier what the BTN(s) is/are for the number(s) you wish to port. Check "Partial Port" unless you are porting all numbers associated with the BTN.

- **Include all numbers you wish to port in the Numbers to Be Ported**. If you are porting more than a handful of fax numbers, please check "List of fax numbers to port is attached" and provide a spreadsheet or text document listing the porting numbers.

- **Include a copy of your local and long distance phone bills from your current carrier.** THIS IS ABSOLUTELY VITAL as numbers cannot be ported without proof of ownership.

To establish valid Proof of Ownership of the fax numbers you intend to port, please provide:

Copy of Bill (CoB) from current provider showing:

- statement date within the past 30 days
- the porting numbers
- service address of the porting numbers
- company or authorized name

If the CoB does not list the porting numbers, please provide additional documentation to establish Proof of Ownership. Examples of supplemental Proof of Ownership documentation are listed below:

- A Customer Service Record (CSR) from the current service provider.
- A screenshot of the current provider's account portal showing:
    1. the porting numbers
    2. account number
    3. additional information to link numbers to the CoB
- A letter or email from your current service provider dated within the past 30 days listing the porting numbers and verifying ownership

Return Completed Form and Proof of Ownership Documents to Softlinx

By Web: **Upload via ReplixFax Administration screen interface**

By Email: **help@softlinx.com**

By Fax: **(978) 664-0181**

Contact Softlinx Customer Support: (978) 881-0567 or help@softlinx.com if you need help.

TELNYX

Letter of Agency (LOA)

Release to QIT01

Customer Information:

All information **must** appear exactly as shown on the current carrier invoice. **Please attach a copy of the customer's latest invoice or bill.**

Account or Company Name

Address

Use the Service Address, not the Billing Address (unless they are the same).

City | State | Zip Code

Carrier Name | Carrier Account Number

LEC PIN (if applicable) N/A or last 4 digits of SSN (required by wireless providers).

BTN: Full Port ☐ Partial Port ☐

Customer's BTN from the current carrier.

Desired Due Date: Desired Due Time:

Please note: Telnyx cannot guarantee that the port will occur on the Desired Due Date.

Numbers To Be Ported:

(Separate with commas. For ranges, use a dash, i.e., 2163734600-2163734699, 2163734801, 2163734803, 2163734807…)

☐ List of fax numbers to port is attached. (XLS or CSV file format)

Features on the account? Y ☐ N ☒

If Yes, please list:

This Letter of Agency ("LOA") hereby authorizes release of all customer proprietary network information ("CPNI"), as defined in 47 U.S.C. §222, to Telnyx LLC. Such CPNI shall include but not be limited to customer name and number, billing records, service records and network and equipment records for the purpose of providing telecommunications or information services. This LOA will become effective on signature date and will remain in effect unless revoked in writing prior to that date.

1. **Parties acknowledge that [Your Company Name] has obtained customer proprietary network information ("CPNI") as that term is defined in 47 U.S.C.§222.**
2. **[Your Company Name] authorizes Telnyx to use, disclose or access such CPNI as needed for the provision of telecommunications services to [Your Company Name]'s end user customers. Such use and disclosure includes, but is not limited to, population of CNAM databases by third party providers.**
3. **Parties acknowledge that pursuant to 47 C.F.R. §64.2005, [Your Company Name] may use, disclose, or permit access to CPNI for the purpose of providing service without authorization from its customers.**
4. **[Your Company Name] agrees that it will not require Telnyx to use, disclose or access CPNI for any reason other than for the provision of telecommunications or information services, as provided in 47 C.F.R. §64.2005(a). To the extent that Telnyx's performance of this Agreement includes activities outside the scope of those permitted in 47 C.F.R. §64.2005(a), [Your Company Name] will provide Telnyx with any necessary written customer authorization for the use, disclosure or access to CPNI prior to Telnyx's performance of those activities.**
5. **Telnyx agrees to take all reasonable steps to protect CPNI provided to it by [Your Company Name] in compliance with 47 U.S.C. §222.**

Authorized Signature Date

Print Name Print Title

All fields must be completed. Any invalid or missing information will result in delays and/or rejected orders.

333 W Wacker Dr. • Suite 460 • Chicago, IL 60606
312-945-7420 •FAX: 312-962-8828