



Letter of Authorization for Telephone Number Transfer

Please Fill in, Sign and Date this form. Name of Account must be identical to that on your local phone bill. Please return this form with the first page of your current local phone bill. Bill must show same phone number, name of account, and address.

Any questions or concerns regarding this form can be directed to ShutesburyProvisioning@corp.crocker.com or (413) 654-1703.

Please email the completed form to our provisioning team. Alternatively you can mail to, Crocker Communications, LLC Attn: Customer Service
PO BOX 710
Greenfield MA 01302

By filling in all fields below, and signing and dating this letter, you authorize us to initiate the process of Transferring your telephone number(s), so that Crocker Telecommunications, LLC may provide its service.

Local Phone Company Name:	Billing Telephone Number:
Name of the Account (as shown on bill):	Account Number:
Phone Number(s) to Transfer:	

The process will take a minimum of **7 business days** to complete.

Note: By signing below, I designate Crocker Communications, LLC and/or its designated agent to transfer my service from my current provider Crocker Communications, LLC. By signing below, I also authorize Crocker Communications, LLC and/or its designated agent to transfer my current telephone number(s) so that Crocker Communications, LLC may provide its service.

By signing below, I also authorize Crocker Communications, LLC or its designated agent to obtain billing information, customer service records, and other network information required to provide me with Crocker Crocker Communications, LLC service. I understand that I may consult with Crocker Communications, LLC as to whether a fee will apply to the change.

Signature: _____ Date: _____

Please check this box if you wish to OPT out of Voicemail and choose to use your answering machine.