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Dear Customer:

Thank you for choosing **Sabra Systems** as your service provider. By filling in all of the information on this form; you provide us with the authorization to initiate the process of transferring your service and existing telephone number(s) to **Sabra Systems**.

Please ensure the following information matches exactly the information on file with your current service provider to prevent any delay in your number(s) transfer.

Company Name: _____

Service Street Address: _____

City: _____ State: _____ ZIP: _____

Who is your current service provider? _____

What is the main **BTN** (Billing Telephone Number) on your account? _____

Authorize transfer of the **Main BTN** to **Sabra Systems**: () Yes () No

*Please list all other telephone numbers on this account that you wish to transfer to **Sabra Systems** in the space below:*

1.	4.	7.
2.	5.	8.
3.	6.	9.

By signing below I designate **Sabra Systems** or its designated agent to transfer my current telephone number(s) to **Sabra Systems** so that **Sabra Systems** may provide services to me.

By signing below I also authorize **Sabra Systems** or its designated agent to obtain billing information, customer service records and other network information required to provide me with service from **Sabra Systems**.

Print Name: _____ Date: _____

Authorized Signature: _____