



Business Customer Service Order

Billing Info

Name: _____

Address: _____

City: _____

State: OR

Zip: _____

Service Info

Same as Above

Name: _____

Address: _____

City: _____

State OR

Zip: _____

Property Type

Own

Rent

Contact Information

Name: _____

Current Email Address: _____

Home Phone: _____ Cell: _____

Work Phone _____ Fax: _____

Drivers License # _____ State: _____

For Office Use Only

Customer# _____

SO# _____

CTS-Aerial ___ By ___ Date _____

CTS-UG ___ By ___ Date _____

CTS_MDU ___ By ___ Date _____

Splice Cabinet # _____

Install Date _____

Auto Debit

Auto Debit Auth & Ck _____

Signed MSA _____

Bank Draft Done _____ By _____

Billing

Beg Bill By Date

Order Final By Date

Beg Bill ___ By ___ Date _____

Order Final ___ By ___ Date _____

Property Owner Approval Form:

Date Out _____

Given to: _____

Date Rcvd Back _____

Telephone Provisioning

LOA-Local Rcvd _____

LOA-LD Rcvd _____

Analysis Authorization Rcvd _____

Qwest LSR _____

NPAC LNP _____

Qwest Dir List _____

Verisign _____

Intrado _____

Long Dist _____

MSAG _____

Telephone # _____

Notes _____

Account Audited _____

By: _____ Date: _____

Notes _____