



For Office Use Only

Customer# _____
SO# _____
CTS-Aerial ___ By ___ Date ___
CTS-UG ___ By ___ Date ___
CTS-MDU ___ By ___ Date ___
ONT-Exist ___ By ___ Date ___
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 _____

Residential 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

Contact Name: _____
Home Phone: _____ Cell: _____
Work Phone _____ Fax: _____
Drivers License # _____ State: _____

Roomates:

Name and Phone: _____
Name and Phone: _____
Name and Phone: _____