

PAPERWORK SUBMISSION CHECKLIST

CUSTOMER INFORMATION
BUSINESS PARTNER NAME:

DATE:
VZ AGENT: SUSAN KING

CUSTOMER NAME:

BTN (Billing Telephone Number)

CONTACT NAME:

CONTACT PHONE NUMBER: SAME

CONTACT E-MAIL:

CONTACT FAX:

TLA SIGNED BY/DATE:

TELEPHONE EQUIPMENT (if applicable):

PHONE VENDOR (if app.- Name, # & E-Mail):

BILLING ADDRESS:

SERVICE ADDRESS: **SAME**

INSIDE WIRE MAINTENANCE? X NO _____ EXTEND DEMARC? NO _____

DAYS/HOURS OF OPERATION: 8-5 M-F _____ JACK WORK? NO _____

WINBACK _____ NEW _____ RENEWAL _____ CHANGE _____ LD WINBACK _____

PRODUCT (S) TO BE ORDERED:

_____ FLEXGROW OPTION TERM: # OF RIDERS:

_____ CUSTOPAK TERM: TYPE: FEATURES:

_____ FRAME RELAY PORT/CIRCUIT _____

_____ DSL TYPE: SPEED: PRICE:

_____ T1 (POINT TO POINT)

_____ TOLLFREE (RESPORG)

_____ B-1 LINES

_____ LONG DISTANCE TYPE: TERM: PRICE:

_____ VOICE MAIL: TYPE: TERM: PRICE:

FORMS ATTACHED (IF APPLICABLE):

____ LETTER OF AUTHORIZATION (LOA) LOA ID #:
____ CONTRACT (STATE TARIFF)

____ PREFERRED CARRIER CHANGE AUTHORIZATION

____ PREFERRED CARRIER FREEZE AUTHORIZATION

____ WINBACK FORMS

____ CREDIT APPLICATION/ VERIZON BILL
(PROVIDE BTN FOR OTHER EXISTING SERVICE OR CREDIT
APPLICATION FOR NEW SERVICE)

____ OTHER (PROVIDE DESCRIPTION OF ORDER ON SEPARATE SHEET)

____ DSL ORDER FORM

POS Numbers Hunting Features / Notes

1			
2			
3			
4			
5			
6			
7			
8			
9			
10			