

Setup Form LOCAL SERVICE REQUEST FORM

Please submit orders to TNS via the email address or fax number below. Questions regarding the initial implementation of this service may be directed to Chris Elijah at (360) 493-6189.

Email: tns-orders@tnsi.com or Fax to 360-923-3459.

General Information

1. Today's Date: _____ Subscriber ID: _____
- Company Name: _____ SPID: _____
- Mailing Address: _____
- City: _____ State: _____ ZIP: _____
- Phone: _____ Fax: _____

Contact Information

2. Primary Administrative/Implementation Contact for WNP-LSR:
- Name: _____ Phone: _____
- Cell Phone: _____ E-mail: _____
3. Primary Billing Contact for WNP-LSR (if different from above):
- Name: _____
- Mailing Address: _____
- City: _____ State: _____ ZIP: _____
- Phone: _____ E-mail: _____
4. Primary WNP-LSR Contact (this person will be contacted for production operational issues)
- Name: _____ Phone: _____
- Cell Phone: _____ E-mail: _____

5. Backup WNP-LSR contact (person to be contacted when primary contact is not available)

Name: _____ Phone: _____

Cell Phone: _____ E-mail: _____

6. List states in which LSRs will be issued

7. Provide the following company codes:

Inter-Exchange Access Customer IAC Code (aka: ACNA and CCNA Carrier) _____

Identification Code (CIC) _____

Revenue Accounting Office (RAO) Code _____

Service Provider Identification (SPID) _____

Operating Company Number(s) OCN(s) _____

8. Please complete the following information for each service provider with which you plan to send LSRs:

Service Provider Account Manager: _____ SPID: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Primary Contact: _____

Phone: _____ Fax: _____

Service Provider Account Manager: _____ SPID: _____

Agreement Execution Date: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Primary Contact: _____

Phone: _____ Fax: _____

Service Provider Account Manager: _____ SPID: _____

Agreement Execution Date: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Primary Contact: _____

Phone: _____ Fax: _____