



Date:

| AGENT INFORMATION   |             |                           |
|---------------------|-------------|---------------------------|
| Agent Company Name: |             | Agent ID (if applicable): |
| Contact:            | Email:      |                           |
| Phone:              | Cell/Pager: | Fax:                      |

| End User Billing information   |             |                     |  |
|--------------------------------|-------------|---------------------|--|
| Company Name:                  |             | Requested Due Date: |  |
| Contact:                       | Email:      |                     |  |
| Address:                       | Suite:      | Floor:              |  |
| City:                          | State:      | Zip:                |  |
| Phone:                         | Cell/Pager: | Fax:                |  |
| Description of Business/Order: |             |                     |  |

| Terms and Conditions   |       |
|--|-------|
| I agree to the terms and conditions as described in the CPTG Contract. I further agree that the turn-up interval of the requested services is subject to the standard intervals mandated by the Carrier(s) and LEC(s) involved in provisioning the services. I certify that the technical information entered below is accurate to the best of my knowledge. Inaccurate or incomplete information can delay the turn-up of the requested services. |       |
| Signature:   | Date: |

| INSTALL LOCATION |   |  |  |
|------------------|---|--|--|
| Address:         |   | Suite:                                   | Floor:                                       |
| City:            |   | State:                                   | Zip:   |
| Contact:         | NPA/NXX of Install Site:                |  |  |
| Phone:           | Cell/Pager:                             | Email:                                   |  |
| Premises Type:   | Co-Location<br><input type="checkbox"/> | Meet-Me Room<br><input type="checkbox"/> | On-site Location<br><input type="checkbox"/> |
| Vendor Name:     | Vendor Contact:                         | Vendor Email:                            |  |

Date:



| CIRCUIT DETAIL  |  |  |  |
|---|--|--|--|
| <b>Circuit Qty:</b>   | <b>Circuit Type:</b> DS1 <input type="checkbox"/> OC3 <input type="checkbox"/><br>DS3 <input type="checkbox"/> OC12 <input type="checkbox"/> | <b>Circuit Configuration:</b> Outbound <input type="checkbox"/> Inbound <input type="checkbox"/><br>Bidirectional <input type="checkbox"/> Data <input type="checkbox"/>   |  |
| <b># of Trunk Groups:</b>   | <b>Channel Assignments Per Trunk (ie. 1-24, 25-48):</b>  | <b>Trunk Selection Method:</b> <i>Applies to Bidirectional Only</i><br><input type="checkbox"/> Least Idle (Global Crossing)<br><input type="checkbox"/> Most Idle (Global Crossing)<br><input type="checkbox"/> Low-to-high (Qwest)<br><input type="checkbox"/> High-to-Low (Qwest) |  |
| <b>Carrier:</b> Global Crossing <input type="checkbox"/> Qwest <input type="checkbox"/> |  |  |  |

Note - Minimum Utilization Requirements:

Dedicated Carrier Circuits: 100,000 Minutes/Month Per DS-1

Enterprise Circuits: 25,000 Minutes/Month Per DS-1

| TERMINATION/INTERFACE  |  |  |  |
|--|--|--|--|
| <b>Framing/Coding:</b> SF (D4) <input type="checkbox"/> AMI <input type="checkbox"/><br>ESF <input type="checkbox"/> B8ZS <input type="checkbox"/>   | <b>Wiring:</b> 2 wire <input type="checkbox"/> 4 Wire <input type="checkbox"/><br>Coax <input type="checkbox"/> Fiber <input type="checkbox"/> |  |  |
| <b>Jack:</b> Smart Jack <input type="checkbox"/> Coax <input type="checkbox"/><br>RJ48 <input type="checkbox"/> Other <input type="checkbox"/>   | If Other, Specify:   |  |  |
| <b>Line Type:</b> Inband (go to section A) <input type="checkbox"/> ISDN/PRI (go to section B) <input type="checkbox"/> SS7 (go to section C) <input type="checkbox"/> Data (Go to Section D) <input type="checkbox"/> |  |  |  |

| SECTION A - INBAND SIGNALING  |   |  |  |
|---|---|--|--|
| <b>Protocol Supported:</b> Standard <input type="checkbox"/><br>FGD <input type="checkbox"/>                                  | <b>If FGD, are Info Digits required?</b> Yes <input type="checkbox"/><br>No <input type="checkbox"/>                            |  |  |
| <b>Signal Type:</b> E&M <input type="checkbox"/> Loop Start <input type="checkbox"/><br>Ground Start <input type="checkbox"/> | <b>Signaling Protocol:</b> Wink <input type="checkbox"/> Immediate <input type="checkbox"/><br>Seizure <input type="checkbox"/> |  |  |
| <b>Dialtone:</b> Precise <input type="checkbox"/> SCC <input type="checkbox"/> None <input type="checkbox"/>                  | <b>In Pulse Mode:</b> DTMF <input type="checkbox"/> MF <input type="checkbox"/>   |  |  |



Date:

| SECTION B – ISDN/PRI   |  |                                       |
|--|--|---------------------------------------|
| <b>Features Supported:</b><br>NFAS <input type="checkbox"/><br>FAS <input type="checkbox"/>                  | <b>If NFAS, are backup D channels required?</b><br>Yes <input type="checkbox"/><br>No <input type="checkbox"/> | If yes, specify # of backup channels: |
| <b>Specify Call Profile:</b><br>ANSI/AT&T 5E <input type="checkbox"/><br>Nortel/DMS <input type="checkbox"/> | <b>Describe D channel configuration (ie. Last channel of every 7 T1's):</b>                                    |                                       |
| <b>Will the end user provide Caller ID?</b>  | Yes <input type="checkbox"/><br>No <input type="checkbox"/>  | <b>If "No", specify Caller ID:</b>    |

| SECTION C – SS7      |                          |              |
|----------------------|--------------------------|--------------|
| <b>STP Provider:</b> | <b>Point Code:</b>       | <b>CLLI:</b> |
| <b>Lata:</b>         | <b>TCIC Information:</b> |              |

| SECTION D – Data  |  |  |
|---|--|--|
| <b>Size/Bandwidth:</b>  | 1.45 MB (DS1) <input type="checkbox"/><br>45 MB (DS3) <input type="checkbox"/> | 100 MB(Ethernet) <input type="checkbox"/><br>1000 MB (Gig-Ethernet) <input type="checkbox"/> |
| <b>Carrier to be the ISP/DNS provider?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> |  |  |
| <b>Number of IP addresses needed:</b>   |  |  |

| INBOUND INFORMATION  |   |   |
|--|---|---|
| <b>DNIS Digits:</b><br>Yes <input type="checkbox"/><br>No <input type="checkbox"/> | <b>DNIS Digits Configuration:</b><br>Last 4 digits of TFN <input type="checkbox"/><br>10 digit TFN <input type="checkbox"/> | Other:<br>10 digit originating ANI <input type="checkbox"/> |
| <b>If other, please specify:</b>   |   |   |
| <b>Toll Free Number</b>  | Existing <input type="checkbox"/> New <input type="checkbox"/>  | <b>If new, how many:</b>                                    |
| <b>Toll Free Number 1:</b>   |   | <b>Toll Free Number 2:</b>                                  |
| <b>Toll Free Number 3:</b>   |   | <b>Toll Free Number 4:</b>                                  |
| <b>*Please attach any other toll free numbers to be added.</b>                     |   |   |
| <b>*If toll free numbers need to be ported over, please include an LOA.</b>        |   |   |

Date:



| OUTBOUND INFORMATION             |  |  |                 |
|----------------------------------|--|--|-----------------|
| Caller ID<br>Required:           | Yes <input type="checkbox"/><br>No <input type="checkbox"/>      | If yes, please provide ANI to be outpulsed (ANI must have the same NPA/NXX as the install site):     |                 |
| Do you want<br>Accounting Codes? | Yes <input type="checkbox"/><br>No <input type="checkbox"/>      | If yes, select type:<br>Verified * <input type="checkbox"/><br>Non Verified <input type="checkbox"/> | # of<br>Digits: |
| Account Code Dialtone:           | Precise <input type="checkbox"/><br>SCC <input type="checkbox"/> | *If Verified, please provide a listing of all codes to be added to your trunk group.                 |                 |