**New Payphone Services Order**

**Please populate, save. and attach to email and send to: ctllsrsupport@Lumen.com**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- |
| This form is to be used by Vendors and End Users to request Payphone service changes.\* denotes a **required**field. |
|  |
| State Public Service Commission Certificate Number (if applicable): |  |  |
|  |
| Order Activity: | \* |    |
| Existing Telephone Numbers to perform activity requested: |  |  |
| Date Ordered: | \* |  |
| Desired Due Date: | \* |  |
|  |
| Confirmation Type: | \* |

|  |
| --- |
|  E-mail Address: |
|  |
|  |
|  FAX Tel #: |
|  |

 |
|  |
| Location Name: | \* |  |
| Location Address: | \* |  |
| City: | \* |  |
| State: | \* |                                                                    |
| ZIP: | \* |  |
| Quantity of Lines: | \* |  Over ten lines? Yes  No  |
| Site Contact Name: | \* |  |
| Site Contact Number: | \* |  |
| Billing Name of Payphone Company: | \* |  |
| Billing Contact Name: | \* |  |
| Billing Contact Telephone Number: | \* |  |
| Billing Address: | \* |  |
| City: | \* |  |
| State: | \* |                                                                                                          |
| ZIP: | \* |  |
|  |
| PIC's: | \* | InterLATA   or  No PicIntraLATA   or  No Pic |
| PIC Restriction: | \* |  Yes  No |
|  |
| Major Account Number if Applicable: |  |  |
| MDES Number if Applicable: |  |  |
| Purchase Order Number: | \* |  |
| Related Purchase Order Number: |  |  |
| Vendor Name: | \* |  |
| Vendor Contact Number: | \* |  |
| Requested Termination Location: | \* |

|  |
| --- |
|  |
| Note: Demarcation point must be in compliance with CenturyLink local interface location practice. |

 |
|   |
| Line Type: | \* |

|  |
| --- |
|          |
| Note: A Coin Line is a Smart line that has a higher monthly charge than B-1 and includes additional features. Please see CenturyLink local tariff for specific services included in Coin-lines where available. |

 |
|  |
| Blocking:Some services may not be available in all areas and others may be CenturyLink tariff required.**Note:** It is standard practice on every payphone order to block ALL "Pay Per Use" services, to add a Flex Ani 70 code and to request the line be tagged and labeled. You do not need to specify this information on each request. | \* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  | No |  | International Block |
| Yes |  | No |  | Operator Screening |
| Yes |  | No |  | 900/976 Block |
| Yes |  | No |  | Billed Number Screening |
| Yes |  | No |  | Incoming |
| Yes |  | No |  | Coin Control |
| Yes |  | No |  | 0+ |
| Yes |  | No |  | Answer Supervision |
| Yes |  | No |  | 1+ (allows 800) |
| Other\*: |  |
| \* Please list any other block requested. |

 |
|  |
| Signaling: | \* |        |
| Do you need CenturyLink to perform any inside wiring installation? | \* |        |
| Comments and Special Instructions: |  |  |
| Do you have this customer's LOA? | \* |

|  |  |
| --- | --- |
|        | If yes, please qualify with oneof the following: |

 |
|  |  |  Blanket LOA on file with CenturyLink Will be faxing customer LOA to 866-764-8609 |
|  |  |
| Tax Exemption Status: |  |

|  |
| --- |
|  |

 |  |
| Note: Indicate any tax exemptions that apply for the service being requested. All tax exemption certificates must be on file with the CenturyLink NVAC to claim exemption for taxes. |  |
|

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| \* | Federal Tax: |  | Certificate on file |  | Will Send Exemption Certificate |  | Not applicable |
| \* | State Tax: |  | Certificate on file |  | Will Send Exemption Certificate |  | Not applicable |
| \* | Gross Receipts Tax: |  | Certificate on file |  | Will Send Exemption Certificate |  | Not applicable |
| \* | Local/Municipal Tax: |  | Certificate on file |  | Will Send Exemption Certificate |  | Not applicable |
| \* | Other: |  | Certificate on file |  | Will Send Exemption Certificate |  | Not applicable |

 |  |
|  |  |  |  |
| Ownership Information: | \* |  |  |
| Sole Proprietorship: |  |  |  |
| Owner Name: |  |  |  |
| Owner Number: |  |  |  |
|  |  |
| Corporation: |  |  |  |
| President Name: |  |  |  |
| President Number: |  |  |  |
|  |  |
| Other responsible person: |  |  |  |
| Name: |  |  |  |
| Number: |  |  |  |
|  |  |
| Federal Tax ID Number: | \* |  |  |
| Existing or previous telephone service for credit information: | \* |  |  |

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Bottom of Form |

**Please populate, save. and attach to email and send to: ctllsrsupport@Lumen.com**