**New Payphone Services Order**

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

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|  |  | Top of Form   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | 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 Pic IntraLATA   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 one of 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: | \* |  |  | |   Bottom of Form |

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