



ACCOUNT CODE REQUEST FORM

CUSTOMER NAME: _____

BILLING TELEPHONE NUMBER (BTN): _____

PLEASE LIST ALL REQUIRED ACCOUNT CODES BELOW.

ACCOUNT CODES WILL BE APPLIED TO ALL NUMBERS ON THE ACCOUNT UNLESS OTHERWISE SPECIFIED. IF ACCOUNT CODES SHOULD NOT BE APPLIED TO CERTAIN LINES, PLEASE LIST THOSE NUMBERS BELOW.

ACCOUNT CODES (Must be between 2 and 15 digits)

- | | | |
|-----------|-----------|-----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |
| 7. _____ | 8. _____ | 9. _____ |
| 10. _____ | 11. _____ | 12. _____ |
| 13. _____ | 14. _____ | 15. _____ |
| 16. _____ | 17. _____ | 18. _____ |
| 19. _____ | 20. _____ | 21. _____ |
| 22. _____ | 23. _____ | 24. _____ |
| 25. _____ | 26. _____ | 27. _____ |
| 28. _____ | 29. _____ | 30. _____ |

Please list any phone numbers below that should not have Account Codes applied.

- | | | |
|----------------------|----------------------|----------------------|
| (____) _____ - _____ | (____) _____ - _____ | (____) _____ - _____ |
| (____) _____ - _____ | (____) _____ - _____ | (____) _____ - _____ |
| (____) _____ - _____ | (____) _____ - _____ | (____) _____ - _____ |

SIGNATURE: _____ DATE: ____ / ____ / ____