



Dedicated Order Form

FOR INTERNAL USE ONLY

A.I.D.#: 999-301167

A.P.#: 573-499-9835

Local Provider: _____

PHYSICAL ADDRESS OF SERVICE (LOCATION 1)

Company Name: _____

Contact Person: _____

Street Address: _____ # _____

City/State/Zip: _____

Contact Phone: _____ - _____ - _____

Fax Number: _____ - _____ - _____

BILLING ADDRESS (IF DIFFERENT THAN ABOVE)

Company Name: _____

Contact Person: _____

Street Address: _____ # _____

City/State/Zip: _____

Phone Number: _____ - _____ - _____

LOCATION 2 ADDRESS (POINT TO POINT ONLY)

Company Name: _____

Contact Person: _____

Street Address: _____ # _____

City/State/Zip: _____

Phone Number: _____ - _____ - _____

Fax Number: _____ - _____ - _____

SERVICE TYPE FOR T-1 (PLEASE CHECK ONE)

X	SERVICE TYPE	QUANTITY
	Standard T-1: Voice (DS1)	
	Split T-1: Voice and/or Data (DS1)	
	Point to Point T-1 (DS1)	
	Point to Point Data Line (56K)	
	Other	

VENDOR INFORMATION

Vendor: _____ Contact: _____

Phone Vendor Tel.: _____ - _____ - _____

Remarks:

END USER EQUIPMENT TYPE

PBX Key System Centrex Other

Manufacturer & Model _____

Phone System Requirements: T-1 POTS

TECHNICAL DETAIL (PLEASE ANSWER ALL)

EQUIPMENT

1. CSU Required? _____ Yes _____ No
If Yes, Provided by: _____ TouchTone _____ Vendor/Cust.2. Channel Bank Required? _____ Yes _____ No
If Yes, Provided by: _____ TouchTone _____ Vendor/Cust.
If Yes, Length of D4 to 66 Block: _____

CIRCUIT DETAIL

1. Framing: _____ SF _____ ESF

2. Coding: _____ D4/AMI _____ B8ZS

3. T-1 Type: _____ 2 Wire _____ 4 Wire

3. Start Signal: _____ Loop _____ Wink _____ Ground

4. Outpulse: _____ MF _____ DTMF

2. Is Dialtone Necessary: _____ Yes _____ No

INBOUND

1. Standard DNIS Necessary: _____ Yes _____ No
Number of digits to be outpulsed (1-7): _____
DNIS digits: _____2. Overflow: _____ Yes _____ No
Overflow Number: _____

RATE AND MONTHLY CHARGE TERMS

Inter-State Rate: _____ cents/min. Intra-State Rate: _____ cents/min.

Installation: \$ _____ Local Loop: \$ _____
(One Time Charge) (Per Month)

Data Information: (If applicable)

Bandwidth _____ Monthly Charge \$ _____
(Per Month)

Contract Term: _____ year(s)

All T-1 Customers who are using voice services are required to meet a total monthly billing requirement of \$1500 in total call usage charges per month in addition to the local loop charge each month for the length of the contract. If the customer does not meet this requirement on any month under contract, the customer will be billed the monthly local loop charge plus the difference to bring call usage charges to a total of \$1500 for that month. T-1 Customers who are using data services are required to pay the monthly local loop charge plus monthly bandwidth fees for the length of the contract.

Customer Name (print) _____ Title _____

Customer Signature _____ Date _____