**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Form Submission Type:**

[ ]  Initial

[ ]  Change

\*If change, please provide general description of request:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **REQUESTOR INFORMATION** |
| **Requestor Name** |  |
| **Telephone Number** |  |
| **E-mail address** |  |

|  |
| --- |
| **CLEC - GENERAL INFORMATION** |
| **Company Legal Name** |  |
| **D/B/A (if applicable)** |  |
| **Street Address** |  |
| **City, State, Zip** |  |
| **Phone Number** |  |
| **Email** |  |

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| --- |
| **BILLING INFORMATION -**  Please provide the mailing address where your bill should be sent for process remittance (if different from above): |
| **Company Name** |  |
| **Department** |  |
| **ATTN:** |  |
| **Street Address** |  |
| **City, State, Zip** |  |
| **Phone #** |  |
| **Email/FAX** |  |

|  |
| --- |
| **ORDERING INFORMATION**  |
| **PRODUCT OPTIONS (**please select all that apply) | **WA** | **OR** | **ID** | **MT** |
| [ ]  **LNP only (no directory listings) [CB]** | [ ]   | [ ]   | [ ]   | [ ]   |
| [ ]  **LNP w/Directory Listings [CB, JB]** | [ ]   | [ ]   | [ ]   | [ ]   |
| [ ]  **Stand Alone Directory Listing Only (no LNP) [JB]** | [ ]   | [ ]   | [ ]   | [ ]   |
| [ ]  **Loop (ACTL required below) [AB, BB]** | [ ]   | [ ]   | [ ]   | [ ]   |
| [ ]  **Resale [EB, KB, LB, NB, PB, QB]** | [ ]   | [ ]   | [ ]   | [ ]   |
| [ ]  **Wholesale Advantage Voice [DB}** | [ ]   | [ ]   | [ ]   | [ ]   |
| [ ]  **Wholesale Advantage Broadband (WABB)\*** | [ ]   | [ ]   | [ ]   | [ ]   |

\*Note: If only ordering WABB, skip to Tax Exemption section

| **CLEC / WHOLESALE CUSTOMER INFORMATION**  |
| --- |
| STATE | **ACNA /CCNA \*** | **OCN \*** | **SPID\*\*** | **ACTL from collocation agreement** |
| ID |  |  |  |  |
| MT |  |  |  |  |
| OR |  |  |  |  |
| WA |  |  |  |  |

\* Required

\*\* Required if your company will be porting numbers (LNP)

**TAX EXEMPTION**

Please provide your certificate of exemption from the Federal Excise Tax. Please also provide the appropriate forms **indicating exemption from state and, if applicable, local taxes**. Please attach and submit these forms when you return this questionnaire.

|  |
| --- |
| **TAX INFORMATION** |
| **Company Legal Name** |  |
| **Federal Tax ID Number** |  |
| **Tax Contact Name** |  |
| **Email Address** |  |

**TAX EXEMPTION (Cont’d)**

**State Tax ID # Information**

Please include state-specific OCNs and TAX ID # for every state you will be operating in:

| **STATE** | **CCNA/OCN** | **STATE TAX ID** |
| --- | --- | --- |
| ID |  |  |
| MT |  |  |
| OR |  |  |
| WA |  |  |

Please return via email to: wholesale.lsr.profiles@ziplyfiber.com