**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** |  |

|  |  |
| --- | --- |
| **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](mailto:wholesale.lsr.profiles@ziplyfiber.com)