



Responsible Organization Change Authorization Form

INTERNAL USE

Field Tracking # _____
INTRADA _____
TCOMS/F&E _____

Customer Name/Company Name			
Billing Address			
City	State	ZIP Code+4	Phone Number
Customer Contact Name		Title	
Agent Name	Agent I.D.	Agent Phone	Agent Fax
Sub Agent I.D.			

Domestic	Toll-Free Numbers Porting	Current Resp Org
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

Comments

Terms and Conditions for Domestic Toll-Free Service

- TTI National/MCI WorldCom Resp Org (LDDO4) and Carrier:
 1. I designate TTI National/MCI WorldCom to provide toll-free service for the above toll-free number(s).
 2. I designate the responsible organization (Resp Org) for each of the toll-free numbers specified on this form and I authorize TTI National/MCI WorldCom to arrange with my existing carrier or Resp Org for immediate transfer of each such number from the existing Resp Org to TTI National/MCI WorldCom. I release any third party from liability for acting in accordance with these instructions.

- Rescind Prior Order – I hereby rescind any prior authorization inconsistent with the above.
 I hereby rescind any earlier Resp Org authorized by:

Name _____ With _____ (Resp Org)

on _____ 20 _____

I acknowledge and agree that my use of TTI National/MCI WorldCom as Resp Org and/or carrier for the above toll-free number(s) is governed by all pertinent terms and conditions contained in TTI National/MCI WorldCom Tariff FCC No.2.

Authorized Customer Signature _____ Date _____

Customer Name (Please Print Name) _____

New Resp Org I.D.	Date Faxed to Current Resp Org
-------------------	--------------------------------

* Customer name must reflect the customer name on record with the current Resp Org.

INTERNAL USE ONLY



Domestic Toll-Free Service Form

INTERNAL USE

Field Tracking #	_____
INTRADA	_____
TCOMS/F&E	_____
Switched	_____
Dedicated	_____

Request Type: New Change Cancel

Customer Information

Customer Name/Company Name		Account # (if existing)		Date of Order	Requested Due Date
Billing Address		City	State	ZIP Code	Location Code TTI 17
Main Billing #	Contact Name		Contact Phone #		Contact Fax #
Type of Service: Standard	Carrier <input type="checkbox"/> TTI National/MCI WorldCom <input type="checkbox"/> TTI National/MCI WorldCom Partial <input type="checkbox"/> Other _____ (If Partial or Other, attach a Multi-Carrier Form #354)			Resp Org <input type="checkbox"/> TTI National/MCI WorldCom <input type="checkbox"/> Other _____ (If Other, attach a Multi-Carrier Form #354)	
Directory Assistance* <input type="checkbox"/> Yes <input type="checkbox"/> No	Listing Name				
	Alt 1				
	Alt 2				
Agent Name		Agent I.D. #	Sub-Agent I.D. #	Phone #	Fax #

Toll-Free Number	Terminating Telephone Number	LD Trunk Group	DNIS	Product Type
(8 __) - - - - -	<input type="checkbox"/> New <input type="checkbox"/> Existing			
End-User Name/Billing Description				
(8 __) - - - - -	<input type="checkbox"/> New <input type="checkbox"/> Existing			
End-User Name/Billing Description				
(8 __) - - - - -	<input type="checkbox"/> New <input type="checkbox"/> Existing			
End-User Name/Billing Description				
(8 __) - - - - -	<input type="checkbox"/> New <input type="checkbox"/> Existing			
End-User Name/Billing Description				
(8 __) - - - - -	<input type="checkbox"/> New <input type="checkbox"/> Existing			
End-User Name/Billing Description				
Area of Service Requested (Check One Only)	Toll-Free Restrictions**		Toll-Free Features Itemized*	
<input type="checkbox"/> U.S. = 50 States & D.C. <input type="checkbox"/> XA = U.S. & Canada ** <input type="checkbox"/> XB = U.S. & Caribbean <input type="checkbox"/> XC = U.S., Canada **, Caribbean <input type="checkbox"/> Other (Describe)	<input type="checkbox"/> Restrict <input type="checkbox"/> Allow callers from the following NPAs, LATAs, or States (if additional, attach Toll-Free Service Call Area Selection Form #358tti) _____, _____, _____, _____ _____, _____, _____, _____		If checked, attach required form(s) <input type="checkbox"/> Toll-Free/Voicemail (335tti) <input type="checkbox"/> Geographic Routing (348tti) <input type="checkbox"/> Time-of-Day or Day-of-Week Routing (356tti) <input type="checkbox"/> % Allocation (349tti)	
Comments:				

ARM/Agent Name (Please Print Name)	Date
ARM/Agent Contact Phone Number	Fax Number

* MRC (Monthly Recurring Charges) required
 ** One-time charge per change/install

TTI National Information (INTERNAL USE ONLY)

Coordinator Name			
Credit Dept. Only: <input type="checkbox"/> Approved <input type="checkbox"/> Declined	Date	Approved/Declined By	