

LIGHTCORE Service Order Form



CUSTOMER INFORMATION

Customer Requested Due Date:	
Company Name:	
Customer PON #:	
Customer Contact Name:	
Customer Contact Phone:	Customer Contact Fax:
Customer Contact Email:	
MSA agreement number:	

LIGHTCORE CONTACT INFORMATION

Account Executive: Account Director	
Sales Engineer: Sales Engineer	
Customer Operations Contact Name: Cust. Ops. Rep	
Customer Operations Contact Phone: 314-880-1852	Customer Operations Contact Fax: 314-880-1899
Customer Operations Contact Email: Customer Operations Email	
NOC Test and Turn-up Contact: 800-604-6688	

LIGHTCORE INTERNAL USE

Date Order to LIGHTCORE Sales:
Date Order to LIGHTCORE CO:
LIGHTCORE Circuit ID:
Circuit Due Date:
Start Bill Date:

BILLING INFORMATION

Billing Contact Name:	Billing Contact Phone #:	Billing Contact Fax #:	Billing Contact Email:		
Billing Address:	Suite/Floor:	City:	State:	Zip:	

SERVICE INFORMATION

Requested Service: New	Type of Service: Type I-On Net	Contract Term: Month-to-Month	Circuit Type: DS-1 Qty: 1	Configuration Option: Full
T-1 Circuit Options: Line Coding: N/A Signal Format: N/A		DS-3 Circuit Options: Line Coding: N/A Signal Format: N/A		OCX Module Option: N/A
OCX Circuit Levels		Minimum TX:	Minimum RX:	

CUSTOMER PREMISE ADDRESS

Location A				Location Z (closest to Customer)			
Company Name:				Company Name:			
Address:				Address:			
Floor/Room:	NPA/NXX:			Floor/Room:	NPA/NXX:		
City:	State:	Zip:		City:	State:	Zip:	
A Location Customer Technical Contact Name:				Z Location Customer Technical Contact Name:			
A Location Customer Technical Contact Phone and e-mail address:				Z Location Customer Technical Contact Phone and e-mail address:			

TOTAL CHARGES*

Monthly Recurring: \$

Non-Recurring: \$

*Does not include inside wiring charges, if any. Does not include taxes or applicable regulatory fees, if any.

REMARKS

This application for service is placed under the attached terms and conditions.

CUSTOMER:

LIGHTCORE:

Signature of Authorized Representative

Signature of Authorized Representative

Printed Name

Printed Name

Title

Title

Date

Date