



CARE PRODUCTS ORDERING FORM



Welcome to the Verizon CARE Product offering. The following pages contain the appropriate forms for ordering CARE transactions, lists, and paper / fax transmittals to be used for both the Verizon West and Verizon East areas. The areas are broken down as follows:

Area	Region	Jurisdictions
Verizon East	North	NY, CT, MA, RI,
Verizon East	South	NJ, PA, DE, MD, VA, DC

To request a CARE product or service please fill out the attached BMC (Billing, Mailing, Contact) form and the respective product form (there is a specific form for each product ordered) and send to:

Name	email	Phone	Fax
John Womack	john.b.womack@verizon.com	972-457-6741	972-457-7245

A signed BMC form must accompany all CARE product and service orders to Verizon Customers who wish to submit the Billing Name and Address (BNA), Data Gathering or Account Data Verification – (ADV) requests through paper or fax transmittals do not need to submit a BMC for each such request, and instead should submit only Addendum I for all subsequent orders after their initial BMC has been submitted.

EAPOC Requests

For Access Customers (ACs) that utilize the Verizon EAPOC (Equal Access Point of Contact) group for PIC/LPIC verification service the contact address and telephone numbers are listed below.

Access Customers who wish to use the EAPOC for PIC/LPIC verification must complete the BMC form and the Reconciliation/Verification Request form prior to submitting CARE requests.

States	CT, DC, DE, MA, MD, NC, NJ, NY, PA, RI, VA,
Contact	Verizon – EAPOC 385 Myles Standish Blvd, Room 173 Taunton, MA 02780 Tel. 888-875-4022 Hours of Operation: M - F 8:00am to 4:30pm (ET)



CARE PRODUCTS ORDERING FORM



BMC – Billing, Mailing, Contact

BILLING INFORMATION

Name of Access Customer (AC): _____ Date: _____

Carrier Identification Code (CIC) & (ACNA) _____ [A separate Order Form is required for each FGD CIC]

Billing Account Number: [Check One] Use Existing BAN _____ Establish New BAN _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ Fax Number: (____) _____

MAILING INFORMATION

C/O (If appropriate): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

(AC Data Center for NDM and Cartridge) _____

CONTACT INFORMATION

Name: _____ Telephone #: (____) _____ Fax Number: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Select	REQUESTED PRODUCT	Location
	BNA [0501]	Page 4
	DATA GATHERING [0502]	Page 5
	RECONCILIATION/VERIFICATION [0707, 0708 & 0709]	Page 6
	LOCAL RESALE [40XX, 42XX, 48XX]	Page 7
	NON PIC'D ACTIVITY [32XX]	Page 8, 9, 10
	DENIAL/RESTORAL SERVICE [27XX, 47XX]	Page 11
	CUSTOMER INFORMATION CHANGES [23XX, 43XX]	Page 12
	LIST SERVICES [2414 & 2415]	Page 13, 14
	MULTIPLE CARE FILES	Page 15
	PIC BILLING OPTION FORM (Reverse and Direct Bill)	Page 16
	ADDENDUM I	Page 17

Complete and sign the BMC form and the applicable CARE Product Order page for the service(s) you are requesting. Mail or fax the completed forms to the CARE Product Specialist located on page 1 of the CARE Product Ordering package.

BMC – Billing, Mailing, Contact

FOR ALL PRODUCTS ORDERED PURSUANT TO THIS ORDER FORM, AND UNLESS OTHERWISE SET FORTH IN VERIZON’S TARIFFS, VERIZON MAKES NO WARRANTY, EXPRESS OR IMPLIED, WITH RESPECT TO THE SERVICES AND INFORMATION TO BE PROVIDED PURSUANT TO THIS FORM, INCLUDING WITHOUT LIMITATION THE ACCURACY AND COMPLETENESS OF SUCH INFORMATION. VERIZON EXPRESSLY DISCLAIMS ANY OTHER WARRANTIES, INCLUDING BUT NOT LIMITED TO, WARRANTIES OF MERCHANTABILITY, WARRANTIES OF FITNESS FOR A PARTICULAR PURPOSE, WARRANTIES AGAINST INFRINGEMENT, AND WARRANTIES ARISING BY TRADE CUSTOM, TRADE USAGE, COURSE OF DEALING OR PERFORMANCE, OR OTHERWISE.

In addition, if you are ordering a CARE product where Verizon provides customer lists (“Customer Lists”), then the following additional terms apply to such order:

1. All Customer Lists provided pursuant to this agreement shall, notwithstanding such disclosure to AC, be deemed the property of Verizon and shall be considered proprietary and confidential information of Verizon. Said Customer Lists and all copies thereof shall be returned to Verizon upon Verizon’s request. AC shall keep the Customer Lists confidential. AC shall not sell or otherwise dispose of the Customer Lists. ;
2. Customer Lists and all information contained in these records must be used in accordance with the Verizon’s tariffs, FCC orders, and applicable rules and regulations.
3. Any use of the Customer Lists which violates the above terms and conditions, or Verizon’s tariffs, FCC orders, and applicable rules and regulations may result in Verizon’s refusal to provide AC with other Customer Lists or other customer information or reports. In addition, Verizon may seek other legal remedies available to it for AC’s violation of any term or condition of these provisions; and
4. AC agrees to indemnify and save Verizon harmless from any liabilities, claims, or demands (including the costs, expenses and reasonable attorney’s fees or account thereof) that may be made by anyone resulting from AC’s use of Customer Lists. AC agrees to defend Verizon, at Verizon’s request, against any such liability, claim, or demand. Verizon agrees to notify AC promptly of any written claims or demands against Verizon for which AC is responsible hereunder.

ACCESS CUSTOMER AUTHORIZATION

Authorized signature: _____

Title: _____ Date: _____ TN: _____



CARE PRODUCTS ORDERING FORM



Billing Name & Address Request

Please enter an “**A**” to add the appropriate TCSI to your order or a “**D**” to delete the appropriate TCSI from an existing order. These transactions will be delivered on the media that you selected for your CARE input process * for these transactions.

CIC _____ Start Date: _____ End Date: _____

ACNA _____ (Must fill out for “**A**” - Add) (Must fill out for “**D**” - Delete)

CARE Code Description

_____ **0501** - Request For Information For Submitted Automatic Number Identification (ANI)
(**A, D**) Billing Name and Address (BNA) Requests.

Responses include the following TCSIs:

- 2501** - (**BN02**) Billing Name and Address (BNA) For Automatic Number Identification (ANI) As Requested By AC.
- 2503** - (**BN02**) Billing Name and Address (BNA) For Automatic Number Identification (ANI) As Requested By AC. PIC Assigned To Requesting AC.
- 2504** - (**BN02**) Billing Name and Address (BNA) For Automatic Number Identification (ANI) As Requested By AC. PIC Not Assigned To Requesting AC.
- 2601** - (**BN02**) Automatic Numbering Identification (ANI) not found.
- 2610** - (**BN02**) Billing Telephone Number (BTN) excluded from Data Gathering at End User's Request.

Per TCSI record*: **\$.14**

This rate applies to all states and jurisdictions except where tariffed under a different rate.

NOTE: For ACs requesting Paper or Fax this form is only required the first time you subscribe to the 0501 TCSIs. Please use Addendum I for the BTNs/WTNs you are requesting now and on all subsequent BNA requests.

* If your input process was “on-line”, you will receive two responses. One response will be back to the terminal screen and the other will be returned in CARE 1500 format over the media you selected for your CARE output process. You will only be charged for the “on-line” transaction, even though the information was delivered via two media.

ACCESS CUSTOMER AUTHORIZATION – BILLING NAME & ADDRESS

Authorized signature: _____

Title: _____ Date: _____ TN: _____



CARE PRODUCTS ORDERING FORM



Data Gathering Request

Please enter an “A” to add the appropriate TCSI to your order, a “C” to change options on the appropriate TCSI on an existing order, or a “D” to delete the appropriate TCSI from an existing order. These transactions will be delivered on the media that you selected for your CARE input process * for these transactions.

CIC _____ Start Date: _____ End Date: _____

ACNA _____ (Must fill out for “A” – Add) (Must fill out for “D” - Delete)

CARE Code Description

_____ **0502** - Data Gathering / Account Data Verification (ADV) Requests
(A, D)

Responses include the following TCSIs:

2505 - Working Telephone Number (WTN) / Terminals (TERs) For Billing Telephone Number (BTN) As Requested By AC - Primary Interexchange Carrier (PIC) **Assigned To** Requesting AC.

2506 - Working Telephone Number (WTN) / Terminals (TERs) For Billing Telephone Number (BTN) As Requested By AC - Primary Interexchange Carrier (PIC) **Not Assigned To** Requesting AC.

2610 - Billing Telephone Number (BTN) excluded from Data Gathering at End User's Request.

2505/2506

2610

Cartridge, NDM, NDM-PC or Direct Connect (DG02): **\$.10**

\$.14

On-line (DG03)*: **\$.15**

\$.14

Paper / Fax (DG04): **\$.30**

\$.14

These rates apply to all states and jurisdictions except where tariffed under a different rate.

NOTE: For ACs requesting Paper or Fax this form is only required the first time you subscribe to the 0502 TCSI (*Data Gathering or Account Data Verification - ADV*). Please use Addendum I for the BTNs/WTNs you are requesting now and on all subsequent Data Gathering or Account Data Verification - ADV requests.

* If your input process was “on-line”, you will receive two responses. One response will be back to the terminal screen and the other will be returned in CARE 1500 format over the media you selected for your CARE output process. You will only be charged for the “on-line” transaction.

ACCESS CUSTOMER AUTHORIZATION – DATA GATHERING

Authorized signature: _____

Title: _____ Date: _____ TN: _____



CARE PRODUCTS ORDERING FORM



Reconciliation / Verification Request

Please enter an “A” to add the appropriate TCSI series to your order or a “D” to delete the appropriate TCSI series from an existing order. These transactions will be delivered on the media that you selected for your CARE input process * for these transactions.

CIC _____ Start Date: _____ End Date: _____

ACNA _____ (Must fill out for “A” - Add) (Must fill out for “D” - Delete)

CARE Code Description

- _____ **07XX Products (A, D)**
- _____ **0707** - Request For Reconciliation / Verification (Records)
- _____ **0708** - Request For Reconciliation / Verification – Terminals (Records)
- _____ **0709** - Request For Reconciliation / Verification (Switch)

Responses include the following TCSIs:

- 2933** - **WTN/TER** Ineligible for Presubscription
- 2955** - **WTN/TER** Is Not Found In Provider’s Switch (0709 Only)
- 2961** - **WTN/TER** Is Not Subscribed To Requesting AC
- 2962** - **WTN/TER** Is Not Subscribed **(East Only)**
- 2964** - **WTN/TER** Currently Subscribed To Requesting AC (0707 Only)
Not Associated With BTN Submitted. **(West Only)**
- 2969** - **WTN/TER** Currently Subscribed To Requesting AC
- 2971** - **WTN/TER** Ineligible for Presubscription – VOIP Arrangement
- 4901** - **WTN/TER** Not Subscribed To Requesting AC – Local Resale Service (0707/08 Only)
- 4902** - **WTN/TER** Subscribed To Requesting AC – Local Resale Service (0707/08 Only)

The price for the above 29XX transaction codes (TC) responses to TC 07XX requests will be per WTN, BTN, or TER provided and will vary by media and incoming request as follows:

	<u>0707 / 0708</u>	<u>0709 (Switch)</u>
_____ Cartridge, Connect Direct or PC Connect Direct:	\$.10 (RV02)	\$.75 (RV03)
_____ On-line*:	\$.15 (RV01)	N/A
_____ EAPOC (Paper or Verbal):	\$1.35 (RV04)	\$1.35 (RV04)

These rates apply to all states and jurisdictions except where tariffed under a different rate.

* If your input process was “on-line”, you will receive two responses. One response will be back to the terminal screen and the other will be returned in CARE 1500 format over the media you selected for your CARE output process. You will only be charged for the “on-line” transaction.

ACCESS CUSTOMER AUTHORIZATION – RECONCILIATION/VERIFICATION

Authorized signature: _____

Title: _____ Date: _____ TN: _____



CARE PRODUCTS ORDERING FORM



Local Resale Code Request

Please enter an "A" to add the appropriate TCSI series to your order or a "D" to delete the appropriate TCSI series from an existing order. These transactions will be delivered on the media that you selected for your daily CARE output process.

CIC _____ Start Date: _____ End Date: _____

ACNA _____ (Must fill out for "A" - Add) (Must fill out for "D" - Delete)

CTI: Business _____ Residence _____ Coin _____ All _____

CARE Code Description

4XXX - (RC01) Local Resale Switch Provider (SWP) Codes (A, D)

- 4001** - Switch Provider (SWP) Notification Of An LSP Initiated Order
- 4002** - Switch Provider (SWP) Notification Of An AC Initiated Order
- 4005** - Service Install – Local Service Migration
- 4011** - Merger/Acquisition Connect Confirmation - Resold Line - With LSP ID
- 4016** - Confirmation - CIC Change With No Change in Preferred Carrier - Resold Line – With LSP ID, generated as a result of a TC 09.

- 4201** - AC Service Canceled Through An LSP Initiated Order
- 4202** - AC Service Canceled Through An Another AC Order
- 4203** - Service Canceled – Dial Tone Disconnect
- 4205** - Service Disconnect – Local Service Migration
- 4210** - Merger/Acquisition Disconnect - Resold Line
- 4211** - Service Discontinued On Resale Telephone Service – Local Number Portability (LNP) Arrangement
- 4219** - Cancellation - CIC Change With No Change in Preferred Carrier - Resold Line as a result of a TC 09.
- 4271** - Confirmation Of An AC Initiated Cancel Request (02XX)

- 4801** - AC Initiated Order Accepted By Switch Provider (SWP) On A Resold Local Line

Price per record: **\$.06**

ACCESS CUSTOMER AUTHORIZATION – LOCAL RESALE

Authorized signature: _____

Title: _____ Date: _____ TN: _____

Non PIC'd Daily Activity **(East states only)**

Please enter an **"A"** to add the appropriate TCSI to your order, a **"C"** to change options on the appropriate TCSI on an existing order, or a **"D"** to delete the appropriate TCSI from an existing order. These transactions will be delivered on the media that you selected for your daily CARE output process.

CIC _____ Start Date: _____ End Date: _____

ACNA _____ (Must fill out for **"A"** - Add) (Must fill out for **"D"** - Delete)

CARE Code Description

 3204 - (OC01) End Users Added To The Provider Database (*New Lines Added*)
(A, C, D) This provides all eligible new working lines added to the Provider database for which you are **not** the PIC.

 3205 - (OC01) End Users Deleted From The Provider Database (*Lines Deleted*)
(A, C, D) This provides all eligible working lines deleted from the Provider database for which you are **not** the PIC.

 3206 - (OC01) End User Changes In The Provider Database (*Lines Changed*)
(A, C, D) This provides all eligible working lines where account changes occurred in the Provider database for which you are **not** the PIC.

Price per Record: \$.08

Check one: _____ Residence only _____ Business only _____ Public Tel only
 _____ Residence & Business _____ Business, & Public Tel
 _____ Residence & Public Tel _____ Residence, Business, & Public Tel

Check Area(s): _____ NY Area: NY (includes Byram and Greenwich, CT)
 _____ NE Area: MA, RI
 _____ C&P Area: DC, MD, VA,
 _____ NJ Area: NJ
 _____ PA Area: PA, DE

Check Jurisdiction(s): _____ Jurisdiction "E" (Inter) _____ Jurisdiction "A" (Intra)

If you do not wish to receive the above CARE records for any Associated CICs please indicate place placing an **"N"** in the following field: _____

Authorized signature: _____

Title: _____ Date: _____ TN: _____



CARE PRODUCTS ORDERING FORM

**Non PIC'd Daily Activity**
(DC, DE, MD, NJ, PA, VA, only)

Please enter an "A" to add the appropriate TCSI to your order, a "C" to change options on the appropriate TCSI on an existing order, or a "D" to delete the appropriate TCSI from an existing order. These transactions will be delivered on the media that you selected for your daily CARE output process.

CIC _____ Start Date: _____ End Date: _____

ACNA _____ (Must fill out for "A" - Add) (Must fill out for "D" - Delete)

CARE Code

_____ **3270** - (OC02) End Users Added To The Provider Database (*New/Undecided Lines Added*)
(A, C, D) This provides all eligible new working lines added to the Provider database for which you are **not** the PIC and the end user has not selected a PIC.

_____ **3271** - (OC02) End Users PIC Changes Updated In The Provider Database
(A, C, D) This provides all eligible new working lines for which there was a PIC change in the Provider database for which you are **not** the PIC.

Price per record: \$.08

Check one: _____ Residence only _____ Business only _____ Public Tel only
_____ Residence & Business _____ Business, & Public Tel
_____ Residence & Public Tel _____ Residence, Business, & Public Tel

Check Area(s): _____ C&P Area: DC, MD, VA,
_____ NJ Area: NJ
_____ PA Area: PA, DE

Check: _____ Jurisdiction "E" (Inter) _____ Jurisdiction "A" (Intra)

If you do not wish to receive the above CARE records for any Associated CICs please indicate place placing an "N" in the following field: _____

ACCESS CUSTOMER AUTHORIZATION – NON-PIC'D 3270 & 3271

Authorized signature: _____

Title: _____ Date: _____ TN: _____

**Non PIC'd Daily Activity on Blocked Accounts****(New York State only)**

Any customers who have former Bell Atlantic - Billing and Collection (B&C) contracts and are owed money from blocked accounts are eligible to purchase the records shown below. **The following TCSIs will be provided for the state of New York only.** Please enter an "A" to add the TCSI series to your order, a "C" to change an existing order, or a "D" to delete the TCSI series from an existing order.

These transactions will be delivered on the media that you selected for your daily CARE output process if you are using CARE.

CIC _____ Start Date: _____ End Date: _____

ACNA _____ (Must fill out for "A" - Add) (Must fill out for "D" - Delete)

Media Option: _____ NDM _____ Cartridge _____ Paper

CARE Code

_____ **327X - (OC03) Non-PIC'd Daily Activity on Blocked Accounts – B&C Carrier Is Owed Money (New York State Only)**
(A, C, D)

3275 - End User Service Is Blocked - (*Disconnect - Blocked Account*)

This advisory provides information when a blocked customer's account is disconnected.

3276 - End User Service - Blocked - Telephone Number Change - (*Blocked Line Tel Number Change*) This advisory provides information when a blocked customer's telephone number is changed.

3277 - End User Service - Blocked - Disconnect - Moving - (*Blocked Disconnect Line Moving*)

This advisory provides information when a blocked customer's account is disconnected in conjunction with a change of address.

3278 - End User Service - Activated - Moving - (*Blocked Line Activated - Moving*)

This advisory provides information when a blocked customer's service is activated in conjunction with a change of address.

Price per record: \$.08

ACCESS CUSTOMER AUTHORIZATION – NON-PIC'D BLOCKED

Authorized signature: _____

Title: _____ Date: _____ TN: _____

**Denial / Restoral Service**

Please enter an "A" to add the appropriate TCSI series to your order or a "D" to delete the appropriate TCSI series from an existing order. These transactions will be delivered on the media that you selected for your daily CARE output process.

CIC _____ Start Date: _____ End Date: _____

ACNA _____ (Must fill out for "A" - Add) (Must fill out for "D" - Delete)

CTI: Business _____ Residence _____ Coin _____ All _____

CARE Code Description

_____ 27XX - (DR01) Advisory Information On AC End Users
(A, D)

- 2708 Temporary Disconnect of Service (Suspension) – **East Only**
- 2709 Service Restored from Temporary Disconnect – **East Only**
- 2710 Temporary Suspension of Service – Non-Payment
- 2711 Service Restored From Temporary Suspension – Non Payment
- 2717 Access To ACs Network Restored – **East Only** (Not Billed in NY)
- 2718 Toll Cap Added to End User's WTN – **East Only**
- 2719 Toll Cap Removed from End User's WTN – **East Only**
- 2721 End User Service Blocked – Reason Not Specified – **East Only**
(Not Billed in NY)
- 2783 End User Service Changed from Full Deny to Toll Deny – **East Only**
- 4701 Switch Provider Notification Of An LSP Initiated Block – **East Only**
- 4702 Switch Provider Notification Of An LSP Initiated Block Removal - **East Only**

Price per record: \$.10

This rate applies to all states and jurisdictions except where tarified under a different rate.

ACCESS CUSTOMER AUTHORIZATION – DENIAL/RESTORAL

Authorized signature: _____

Title: _____ Date: _____ TN: _____



CARE PRODUCTS ORDERING FORM



Customer Information Change Request

Please enter an "A" to add the appropriate TCSI series to your order or a "D" to delete the appropriate TCSI series from an existing order. These transactions will be delivered on the media that you selected for your daily CARE output process.

CIC _____ Start Date: _____ End Date: _____

ACNA _____ (Must fill out for "A" - Add) (Must fill out for "D" - Delete)

CTI: Business _____ Residence _____ Coin _____ All _____

CARE Code Description

_____ 23XX - (CI01) Customer Information Changes
_____ 43XX - (CI01) Customer Information Changes, Local Resale, By Switch Provider

(A, D)

- 2301 - Billing Telephone Number (BTN) Only – **East Only**
- 2302 - Billing Address Only – **East Only**
- 2303 - Billing Name Only – **East Only**
- 2304 - Billing Telephone Number (BTN) And Billing Name – **East Only**
- 2305 - Billing Name and Address (BNA) – **East Only**
- 2306 - Billing Telephone Number (BTN, Billing Name And Address (BNA) – **East Only**
- 2307 - Published Status Only – **East Only**
- 2308 - Working Telephone Number (WTN) Only – **East Only**
- 2309 - BTN, WTN – **East Only**
- 2310 - BTN, WTN, BNA – **East Only**
- 2311 - WTN, And Billing Name – **East Only**
- 2312 - WTN, BNA – **East Only**
- 2313 - BTN, WTN, And Billing Name – **East only**
- 2314 - BTN, WTN, And Billing Address – **East Only**
- 2317 - One Or More End User Information Changes – **East Only**
- 2326 - Customer Type Indicator (CTI) Only – **East Only**
- 2335 - BTN And Billing Address – **East Only**
- 2340 - WTN And Billing Address – **East Only**
- 2369 - WTN/Line Level End User Information Changes
- 4301 - End User Has Changed Local Service Providers (LSPs) In a Resale Environment
- 4302 - WTN Line Level Changes – Resale Environment - **East Only**

Price per record: \$.08

This rate applies to all states and jurisdictions except where tariffed under a different rate.

ACCESS CUSTOMER AUTHORIZATION-CUSTOMER INFORMATION

Authorized signature: _____

Title: _____ Date: _____ TN: _____
(Version 20180316)

Verizon List Services Request Form

STEP	QUESTION	AC REPSONSE
1	What type of list is being requested? (4401 TCSI represents "Resold Lines" that are PIC'd to the requesting AC)	Snapshot <input type="checkbox"/> Snapshot (2414 & 4401) East Only <input type="checkbox"/> Snapshot (2414) End User Validation List <input type="checkbox"/> (Standard Sort – 2413) West Only <input type="checkbox"/> (Special Sort – 2414 & 2415) West Only
2	Please provide the CIC and ACNA for the company requesting this list product.	CIC _____ ACNA_____
3	What level is this list being requested for? (Make 1 selection only)	<input type="checkbox"/> NPA <i>(if selected skip to question #4)</i> <input type="checkbox"/> State <i>(if selected skip to question #5 or #7)</i> <input type="checkbox"/> Nationwide (West Only) <i>(if selected skip to question #8)</i> <input type="checkbox"/> Area (East Only) <i>(if selected skip to question #6)</i>
4	Please include all NPAs that you are requesting. Maximum of 20 NPAs per request. <i>(Skip to question #8 after answering.)</i>	_____ _____ _____
5	For Verizon West, please indicate all states you are requesting by circling the appropriate state(s). <i>(Skip to question #8 after answering.)</i>	NC (Knott's Island end office only.)
6	Please circle the Area. (East Only) <i>(Skip to question #8 after answering.)</i>	NJ Area PA Area C&P Area NY Area NE Area
7	Please circle the states you are requesting. (East Only) <i>(Skip to question #8 after answering.)</i>	NJ PA DE MD VA DC NY MA RI (NY includes Byram & Greenwich CT)
8	Please indicate the CICs to be included in this request. (Maximum of 6 CICs per request, additional CICs must be Associated CICs.)	_____
9	Please indicate the output media type for the list(s) requested.	<input type="checkbox"/> Electronic Transmission (Only applicable to ACs who have electronic media for CARE processing with Verizon).

Verizon List Services Request Form (cont'd)

STEP	QUESTION	AC RESPONSE
10	Please indicate whether Non-Pub entries should be included in the 2414s. Note: Non-Pub entries will not be included in the 2415s.	____Yes ____No
11	Please indicate the Class of Service for the list requested.	_____All Classes of Service _____B* (Business) _____R* (Residential) _____COCOTs (Customer Owned Coin telephones) East Only _____Public Tel. East Only _____
NOTE: ALL LIST SERVICES RECORDS ARE PROVISIONED TO REQUESTING AC IN 1500 BYTE FORMAT. Note: <p>List Services for Verizon will be provided to the AC no later than 30 calendar days after receipt of the completed order form and the customer shall have 30 business days from the date of delivery of the list to request any investigation of issues arising from the provision of the list. The following rates will apply:</p> <div style="margin-left: 80px;">Price per record (LS02) : \$.06</div> <div style="margin-top: 20px;"><u>Additional Charges – Record Delivery</u></div> <div style="margin-left: 80px; margin-bottom: -20px;">Connect Direct, PC Connect Direct (LSDT) (per record):\$.0035</div>		

ACCESS CUSTOMER AUTHORIZATION – LIST SERVICES

Authorized signature: _____

Title: _____ Date: _____ TN: _____



CARE PRODUCTS ORDERING FORM



Multiple Copies of CARE NDM Files **(East states only)**

Carriers can purchase additional copies of their CARE NDM files. Please enter the contact information below and allow 45 - 60 days upon receipt of this information to set up the additional processes that you are requesting. Please enter an "A" to add a copy of the CARE file or a "D" to delete a copy of a CARE file from an existing order.

Price per Transaction (MC01): **\$0.0035**

Additional Charges: Set up cost per file **\$3,000**

CONTACT INFORMATION

Name: _____ Telephone Number: (____) _____

Fax Number: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Total number of additional copies being requested: _____

CIC _____ Start Date: _____ End Date: _____

ACNA _____ (Must fill out for "A" - Add) (Must fill out for "D" - Delete)

Data Center NDM node(s):

(A / D) _____

(A / D) _____

(A / D) _____

(A / D) _____

(A / D) _____

ACCESS CUSTOMER AUTHORIZATION – MULTIPLE COPIES OF CARE

Authorized signature: _____

Title: _____ Date: _____ TN: _____



PIC/LPIC CHANGE CHARGE BILLING OPTION ORDER FORM

COMPANY NAME _____

ACNA: _____ CIC: _____

A valid ACNA and CIC must be provided by the customer. Separate orders are required for each CIC.

REVERSE BILLING – (RB01) Reverse Billing allows an AC to assume the InterLATA and IntraLATA PIC Change Charges instead of the end user being billed for all Verizon Business Office initiated PIC/LPIC orders. Please indicate below with an “A” to add reverse billing or a “D” to delete reverse billing. Reverse Billing changes (additions and deletions) will be effective within ten business days from the receipt of this order form and must be in effect for at least six (6) months. Billing verification can be accomplished by the AC summarizing the CARE 2009 TCSIs that have an “A” returned in the PIC Change Charge Indicator data element (position 405 of the CARE record). **East Only.**

___ **Reverse Billing** (This option reverse bills charges on all business office service order PIC/LPIC changes), **East Only.**

BILLING INFORMATION

Please indicate whether you would like to use your existing (E) account or a new (N) account for the reverse and/or direct billing charges. Indicate with E or N _____

___ **Direct Billing** (This is used to establish a Verizon billing account when the Access Customer uses Direct Bill during submission of PIC change requests, as described in the paragraph labeled “DIRECT BILLING”).

Information for ACs interested in being direct billed for PIC/LPIC change charges submitted by the AC:

DIRECT BILLING – (DB01, DB02, DB03) Direct Billing allows an AC to assume the InterLATA and/or IntraLATA PIC Change Charges instead of the end user being billed for selective carrier initiated PIC/LPIC orders. This option requires each carrier initiated CARE order to indicate direct billing by populating a “Y” in position 405 (PIC Change Charge Indicator) on the CARE submission or by populating a “Y” entry for the PIC Change Charge Indicator via a PIC order submitted via on-line or WEB. Direct billing applies to both InterLATA and/or IntraLATA carrier initiated orders. Billing verification can be accomplished by the AC summarizing the CARE 2004/2015 TCSIs that have a “Y” returned in the PIC Change Charge Indicator data element (position 405 of the CARE record).

ACCESS CUSTOMER AUTHORIZATION – REVERSE/DIRECT BILL OPTION

Authorized signature: _____



CARE PRODUCTS ORDERING FORM



Title: _____ Date: _____ TN: _____

Addendum I

ASSOCIATED CICs

If your company would like to establish, delete, or alter the association of CICs within your company, please utilize the procedure described below. How CICs are associated can affect what CARE records are received when various CARE products are ordered. Please see the **NOTE** below.

To “link” or “unlink” CICs please visit the following website to update the Access Customer CARE Form (ACCF) for your company:

- 1) Go to <http://www.verizon.com/wholesale>
- 2) Select Access, “**Getting Started**”
- 3) Under Requirements and Verizon, select “**Certifications**”
- 4) Under “**Subscription Customer Profile**” select “[Access Customer Care Form \(ACCF\)](#)”.

The ACCF has additional help for completing the form as required.

Note:

The Associated CICs will be used on CARE TCSIs 2414/4401, 2415 only if additional “Associated” CICs are designated on the “List Services Request Form” . Providing CARE records to all Associated CICs will be used as the default on CARE TCSIs 3204, 3205, 3206 and TCSIs 3270, 3271 and may be disabled by placing an N in the respective field on the appropriate form(s). It will also be used on a select set of reject TCSIs (21xx, 31xx) where the Associated CIC may be populated as “Subscribed CIC” in positions 445-448 of the CARE record.