



SVS Switched Order Form (On-Net)

Government Specific Information

Service Information			
Service Requested:			
Agency Name:			
Agency Service Request No.:			
Agency Billing Code:		Service Due Date:	
Hierarchy Code:			
Price Quote:			
Purchase Order No.:			
Project No.:			
Billing Type:	<input type="radio"/> Centralized Billing		<input type="radio"/> Direct Billing
Notification Status:			

Designated Agency Representative Information			
First Name:			
Last Name:			
Address:			
City:		State:	
Email:			
Phone:			

Originating Local Government			
First Name:			
Last Name:			
SDP ID Originating:			
Address:			
City:		State:	
Email:			
Phone:			

Terminating Local Government Contact					
First Name:					
Last Name:					
SDP ID Originating:					
Address:					
City:		State:		Zip:	
Email:					
Phone:					

Service Coordinator Information					
First Name:					
Last Name:					
Address:					
City:		State:		Zip:	
Email:					
Phone:					

Setup Information

Account Team Information

Lead Sales Rep Information:					
First Name:					
Last Name:					
SSN:		Vnet:		Bonus %:	
Email:				ERV %:	

Order Information

General					
Attention OE Hub Rep Name:					
Standard Interval:					
Choose One:	<input type="radio"/> Standard Interval (above)	<input type="radio"/> Requested Due Date	Expedite:	<input type="radio"/> Yes	<input type="radio"/> No
If Requested Due Date, Indicate Date:					
Verification of Order:					
Do you have an LOA for this order?:		<input type="radio"/> Yes	<input type="radio"/> No		
It is the Branch/Account Team's responsibility to ensure that an LOA is obtained and on file at their MCI location					
Who will conduct verification of this order?:		<input type="radio"/> Branch/Account Team	<input type="radio"/> Hub	<input type="radio"/> No Verification – sensitive customer	
Verification Contact Name:					
Verification Phone #:		Hours Available:			
If Branch/Account Team, person that verified:					
Date Verified:					
If No Verification, the Branch/Account Team is accepting responsibility for the Accuracy of the information contained in the order.					

Related Order Information

Are There Related or Integrated Orders?:		<input type="radio"/> Yes	<input type="radio"/> No
Specify Related Order Numbers or Product Types:			

Billing Information

General:			
Billing ID:		<input type="radio"/> New <input type="radio"/> Existing	
If Existing, Billing ID Number:			
Corporate ID:		NASP ID:	
Is there a Promo?:	<input type="radio"/> Yes <input type="radio"/> No	Promo Code:	
Promo Level:		Term:	
Product Specific:			
Tax Exempt Status:		Invoicing:	
Rate Type:		Call Detail:	
Company Billing Information:			
Name:			
Address:			
Suite or Room #:			
City:			
State:		Zip:	
Country:			
Alternate Billing Address for Combined Billing Invoice:			
Company Name:			
Address:			
City:			
State:		Zip:	
Alternate Contact:			
Alternate Contact Title:			
Alternate Contact Phone #:			
Alternate Mailing Address for Tape Media:			
Company Name:			
Address:			
City:			
State:		Zip:	
Alternate Contact:			
Alternate Contact Title:			
Alternate Contact Phone #:			
Billing Contact Information:			
First Name:			
Last Name:			
Title:		Fax #:	
Phone #:		Contact Extension:	

Product Information

General

Order Type:		VOS Functionality:	
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Service Location Information

Customer Service Location Information:					
Local Customer Name:					
Address:					
City:		State:		Zip:	
Main Listed Phone #:			Bill Payer ID:		
Customer Contact Information:					
Local Contact Name:					
Local Contact Title:		Local Contact Phone #:			

Dial 1 Service Information

Number of Lines:		Bell Order Number:	
Is MCI the preferred local carrier where available/applicable:			
MCI PIC:		PIC Option:	

Feature Information

Profile Information:			
Profile Dialing Plan Minimum Length:			
Profile Dialing Plan Maximum Length:			
Does Profile Order Number Exist?:			
If so, Existing Profile Order Number:			
If no Profile Order exists, hub rep must generate one.			
Feature Options – Basic:			
Accounting Codes (non-verified):			
Digital Dial-1 (SW56) Access:			
Feature Options – Optional:			
Personal ID Codes (verified):		10 Digit Restriction:	
Custom Range Privilege:		Remote Exchange:	
Dialing Plan:		Instant Ringdown:	
Is this a conversion?:		Account Number:	

ANI Detail

ANI'S	Accounting Codes		ID Codes		Range	Range Privilege Type	
	Yes/No	Length	Set	Length	Privilege	Custom	Universal
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

Calling Card Service Information

Number of Codes:		Number of Cards Per Code:	
*Calling Card Range Privilege:		Promo Code:	
Private Label?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Selectable Pin?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*If Privilege varies by card, utilizing card holder name, or selectable PIN; complete the section below.

Calling Card Detail

ANI'S	Cardholder Name	# of Cards	Pin #	Calling Range Privilege
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Remarks Information

General Remarks:	