



# Payphone Service Request Checklist For Public Access Line Installation

Vendor Code: \_\_\_\_\_

- New       Record Order       AL       LA       NC
- Change       Disconnect       FL       KY       SC
- Move       GA       MS       TN

**BST Only:** Svc. Rep. Initials \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Order No. \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 Due Date: \_\_\_\_\_

### Section A - Customer Information

1. Billing Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_
2. Business Name Listed On Public Service Commission Certification: \_\_\_\_\_  
(Not Required For Kentucky and Mississippi)
3.  Sole Ownership       Partnership       Corporation  
State Of Incorporation \_\_\_\_\_ Year Of Incorporation \_\_\_\_\_
4. Name(s), Title(s), Social Security Number(s) & Residence Tel. No.: \_\_\_\_\_
5. Business Telephone Number(s): \_\_\_\_\_  
Fax Number: ( ) - \_\_\_\_\_ Toll Free Number: ( ) - \_\_\_\_\_
6. Other Payphone Service Telephone Number: \_\_\_\_\_ Previous Payphone Service:  Yes  No
7. Name & Telephone Number Of Person to Contact Concerning:  
A. Billing Matters \_\_\_\_\_  
B. Orders \_\_\_\_\_

### Section B - Location And Directory Information

8. Number Of Public Access Lines To Be Installed: \_\_\_\_\_
9. If Multiple Lines Requested, Does Customer Want:  Single Line Account       Multi-Line Account
10. CLUB Bill Number (if applicable): \_\_\_\_\_
11. Telephone Number(s) To Be Disconnected: \_\_\_\_\_
12. Requested Due Date (MM/DD/YYYY): \_\_\_\_\_
13. Location Name: \_\_\_\_\_  
Location Address: \_\_\_\_\_
- Location (Area Code) Telephone Number (if known) ( ) - \_\_\_\_\_
14.  Listed       Non-Listed       Non-Published
15. Send Directories To:  Location Address       Billing Address  
 Other \_\_\_\_\_
16. Bulk Directory Delivery:  Request On File      No. Required \_\_\_\_\_

### Section C - Line Information

17. Indicate Line Restrictions Desired enter USOC \_\_\_\_\_
  - Unrestricted Line (Allows Any Type Call)
  - Restricted Line A - 1 + 900, 1 + DDD, 976 & 7 Digit Local Blocked
  - Restricted Line B - 1 + 900, 1 + DDD & 976 Blocked
  - Two-Way or  Outward Only Service
  - TouchTone (optional KY, TN only)
  - 900 & 976 Blocking (Optional except in Florida)
  - Operator Screening (Optional, but may be included in Line Option selected)
  - Inmate Service
  - International Call Blocking (Optional In North Carolina and states with unrestricted lines)
18. Indicate Line Features Desired:
  - Flat
  - Usage
  - Area Calling

# Payphone Service Request

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### Section C - Line Information *Continued*

19. Long Distance Carrier (PIC): \_\_\_\_\_ Freeze:  Yes  No
20. Intra-LATA Local Carrier (LPIC): \_\_\_\_\_ Freeze:  Yes  No

\* In compliance with FCC rules, a Letter of Agency (LOA) is required when requesting a freeze of your PIC or LPIC on new or existing service and on existing service when changing your LPIC to BellSouth. The LOA authorizes BST to act as your agent and issue the service order for your account. The LOA must clearly state your request in conjunction with other FCC required information. Contact the Payphone Service Provider Service Center to obtain a copy of an LOA.

### Section D - Inside Wiring Past Network Interface Provided By BST

21.  Yes  No

NOTE: Additional charges will apply

### Section E - Equipment Information

22. Interface Location: \_\_\_\_\_
- Inside  Outside  Outside Remote to mast
- Telephone Equipment Type  Coin  Coinless

### Section F - Tax Exemption

23. Tax Exempt:  Yes  No
- If Yes:  Federal  State  County  Local

NOTE: Tax exemption can not be added unless appropriate tax exemption certificates(s) have been submitted.

### Section G - Premium Plan

24. Do You Want Premium Plan:  Yes  No Premium Plan Number If Already Assigned: \_\_\_\_\_

NOTE: Premium Plan can not be added unless Yes is checked and Premium Plan Number provided.

### Section H - Full Disclosure Statement

25. Optional Services -Services designated (\*) are optional services and are not a requirement of basic service installations. These optional services can be canceled without a cancellation charge.

### Section I - Remarks

Name Of Person Issuing Request: \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_