Customer Service Questionnaire

To assist us in familiarizing ourselves with your company, please complete the following questionnaire.

1. Please check (✓) the appropriate services your company provides.

State	Feature Group A	Feature Group B		Feature Group D		Special Access
		Transport Carrier	Service Carrier	Transport Carrier	Service Carrier	
Connecticut						
California						
Nevada						
Missouri						
Oklahoma						
Kansas						
Arkansas						
Illinois						
Indiana						
Michigan						
Ohio						
Texas						
Wisconsin						

2. In the next 12 months, which states and services does your company plan to focus upon?

3. Do you attend any of the following telecommunications conferences? (Please Check)

Comptel _____ ACTA_____ CalTel_____ Texaltel_____

4. What are your expectations of us as your Account Team?

Continued -

Carrier Name:		
ACNA/CIC:	**ACNA/CIC:**	**ACNA/CIC:**

Department	Contact Name & Title	Telephone No.	Fax No.	E-mail Address	Address City/State/ZIP Code
Executive Level					
Carrier Relations					
Network Operations					
Provisioning (ASRs)					
EARs/PIC CARE					

Completed By (Name/Title):_____ Tel. No.:_____

Date:_____

Thank You, for your assistance