ESP CARE II
Customer Profile Request Form

Customer Information

Date: - - 20
Site Coordinator Name:
Company Name:
Street Address:
Room/Floor/Loc:
City/State/Zip: ,
Telephone Number: ( ) -
Fax Number: ( ) -
Internet E-Mail Address:
Customer ACNA / CIC Code: **(1)**
(2)
(3)
(4)
Customer Primary Billable ACNA / CIC code:

AT&T Contact Information

AT&T Account Manager's Name:

AT&T Region Information

In which ATT Region do you wish to perform transactions?

AT&T Regions:

- ☐ **AT&T Midwest** *(IL, IN, MI, OH, WI)*
- ☐ **AT&T West** *(CA and NV)*
- ☐ **AT&T East** *(CT)*
- ☐ **AT&T Southwest** *(AR, KS, MO, OK, TX)*
- ☐ **AT&T Southeast** *(AL, FL, GA, KY, LA, MS, NC, SC, TN)*
- ☐ **ALL**

Application Options

What type of transactions would you like to submit through ESP CARE II?

- ☐ **PIC Changes**
- ☐ **Online Inquiries (OLI)** (0501, 0502, 0707, Switch verifies)

Special instructions for USER IDs: ***For example, do you want specific User IDs to have only OLI or PIC change? If so, which Users?***

How many USER IDs?

(Please provide a user's name and telephone number for each ID requested)

User Name and Telephone Number *(One for each requested ID)*

New	Delete	User Name	Telephone Number	Web Toolbar ID

1) Please e-mail this completed ESP CARE II request form to the AT&T User Administration Center at uacenter@att.com *AND*
2) Please include a copy of this request to your AT&T Account Manager.

You will receive your User IDs within 10 business days after receipt of your questionnaire.

LAST REVISED 02-18-09