CUSTOMER PROVIDED FACTORS REPORT
BILLING ACCOUNT NUMBER LEVEL REPORTING

(1) PAGE OF

(2) DATE:	
(3) ORIGINATOR	(4) TELEPHONE NO.
(5A) ACNA:	(5B) PON

(6) LATA CODE	(7) BILLING ACCOUNT NUMBER	(8) FACILITY CIRCUIT IDENTIFICATION	(9) SERVICE TYPE

EXPLANATION OF REPORT

(1) PAGE ___ of ___ Enter the page number and the total number of pages
(2) DATE: Enter the date the report was prepared
(3) ORIGINATOR: Enter the name of the person preparing the report
(4) TELEPHONE NUMBER: Enter the telephone number (including the area code and extension) of the originator
(5) A. ACNA : Enter the three (3) digit code
(5) B. PON: Enter the Purchase Order Number of the associated ASR that modified the Traffic
(6) LATA CODE: Enter the LATA CODE, three (3) digit numeric code
(7) BILLING ACCOUNT NUMBER: Enter the Billing Account Number of the Facilities
(8) FACILITY CIRCUIT IDENTIFIER: Enter the facility circuit identification of the associated EF and/or DT
(9) SERVICE TYPE: Enter a code for the type of service:
EF for Entrance Facility
or
DT for Direct Trunked Transport