Customer Service Questionnaire

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

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

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

Comptel _____ ACTA_____ CalTel_____ Texaltel_____

3. 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