TO: **Contract Management**
**E-mail Address - m41654@att.com**
**OR**
**Fax: 1-214-712-5792**

DATE: _____

RE: Request for Trading Partner Agreement

Director – Interconnection Agreements:

_____ ("Carrier") desires to enter into a Trading Partner Agreement

**Fill in the *required* information below.**

***Carrier's information***:

| | **CARRIER NOTICE CONTACT INFO** |
|---|---|
| NAME | |
| TITLE | |
| STREET ADDRESS | |
| ROOM OR SUITE | |
| CITY, STATE, ZIP CODE | |
| E-MAIL ADDRESS | |
| TELEPHONE NUMBER | |
| FACSIMILE NUMBER | |
| STATE OF INCORPORATION | |
| ENTITY TYPE | |

***Signatory information***: (Person who will be responsible for signing the agreement)

| | **SIGNATORY INFO** |
|---|---|
| NAME | |
| TITLE | |
| E-MAIL ADDRESS | |
| TELEPHONE NUMBER | |

Authorized Carrier Representative:

Printed Name: _____

Title: _____

Contact number: _____

Email address: _____

AT&T will formally reply in writing to this request.