



**FOR LONG DISTANCE SERVICES ONLY
APPENDIX C-2 TO DIR CONTRACT NO. DIR-TEX-AN-NG-CSA-ICXXX
Industry Toll Free Directory Assistance Order Form**

ILink # 005708

Industry Toll Free Directory Assistance order forms submitted without the appropriate signatures will be rejected. Any delay in service caused by incomplete paperwork will not constitute an expedite free of charge to the customer.

Items in Yellow are mandatory. Orders without this information may experience significant delays.

1. Customer Information		2. Sales Information	
Account ID:		Sales Rep Name:	
Order Sign Date:		Sales Rep ID:	
Orion/CORE Order #:		Sales Rep Phone Number:	
Product Account ID:		Sales Support Rep:	
3. Order Information			
Type of Order: <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Disconnect			
Type of Provisioning: <input type="checkbox"/> Standard <input type="checkbox"/> Expedite			
Government Listing: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Toll Free Number: (one per form)			
4. Directory Listing Names			
1.			
2.			
3.			
4.			
5. Location and Area Code Information			
Specified City Location:			
State of Specified City Location			
Area Code for Specified City			
Area Codes Served by Toll Free Number: <input type="checkbox"/> Nationwide Coverage: All Active NPAs <input type="checkbox"/> All Active NPAs only in those states checked below			
<input type="checkbox"/> AK <input type="checkbox"/> AL <input type="checkbox"/> AR <input type="checkbox"/> AZ <input type="checkbox"/> CA <input type="checkbox"/> CO <input type="checkbox"/> CT <input type="checkbox"/> DC <input type="checkbox"/> DE <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> GU <input type="checkbox"/> HI <input type="checkbox"/> IA <input type="checkbox"/> ID <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> KS <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> MA <input type="checkbox"/> MD <input type="checkbox"/> ME <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> MO <input type="checkbox"/> MS <input type="checkbox"/> MT <input type="checkbox"/> NC <input type="checkbox"/> ND <input type="checkbox"/> NE <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NM <input type="checkbox"/> NV <input type="checkbox"/> NY <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> SC <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> UT <input type="checkbox"/> VA <input type="checkbox"/> VI <input type="checkbox"/> VT <input type="checkbox"/> WA <input type="checkbox"/> WI <input type="checkbox"/> WV <input type="checkbox"/> WY			
For less than total state coverage write state abbreviation and only NPAs applicable for this toll free number:			
State:		NPAs:	

Customer acknowledges that per inquiry call detail will not be provided with this service.

Customer	Qwest Communications Corporation
Print Name of Customer	Print Name of Qwest Representative
Signature of Customer	Signature of Qwest Representative
Title	Title
Date	Date