



Service Order

Service Order No.

Action Code: Add Upgrade Terminate

General Information

Customer Name:	Customer Account:	Account Manager:	Order Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Type:	VAT Number:		
<input type="text"/>	<input type="text"/>		

Customer Contact Information

	Primary Contact	Technical Contact	Site Contact
Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Main Telephone:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Secondary Telephone:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fax #:	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Customer Billing Information

Customer Billing Entity Name:	<input type="text"/>		
Attention To:	<input type="text"/>	E-mail Address:	<input type="text"/>
Payment Method:	<input type="text"/>	Deposit Required:	<input type="text"/>
Billing Address:	<input type="text"/>	State:	<input type="text"/>
Country:	<input type="text"/>	Zip/Postal Code:	<input type="text"/>

Pricing Information: Primary Circuit

Monthly Recurring Charge (MRC)				Non-Recurring Charge (NRC)			
IP Port:	<input type="text"/>			IP Port:	<input type="text"/>		
Local Loop:	<input type="text"/>			Local Loop:	<input type="text"/>		
Cross Connect:	<input type="text"/>			Extended Wiring:	<input type="text"/>		
Diversity (Protection):	<input type="text"/>			Cross Connect:	<input type="text"/>		
SLA:	<input type="text"/>			Equipment:	<input type="text"/>		
DSL:	<input type="text"/>			Access Request:	<input type="text"/>		
Recurring Charges (Tax Excluded)				Non-Recurring Charges (Tax Excluded)			
Total Service Charges	USD	<input type="text"/>	Per Month	Total Service Charges	USD	<input type="text"/>	

Service Information

Service Type:		Service Type:		Service Type:		Service Type:	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Service Term (Months)	Customer PON	Requested Due Date	Diverse		Optical (LF / SM)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>		
Customer Circuit ID	CLS Circuit ID	Circuit Speed	Circuit Quantity		Encapsulation Circuit Type		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>		
Framing	Interface	Line Coding	Test Requirements		Protected		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>		
6500 Tie Down (A)	6500 Tie Down (B)	ODF #	NGF (Rack)		Fiber Strand(s)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>		

Service Address

Location A:				Location Z:			
Company/End User Name: <input type="text"/>				Company/End User Name: <input type="text"/>			
Address: <input type="text"/>				Building Name: <input type="text"/>			
City: <input type="text"/>		State: <input type="text"/>		Address: <input type="text"/>			
Country: <input type="text"/>		Zip/Postal Code: <input type="text"/>		Floor/Room/Suite: <input type="text"/>			
NPA: <input type="text"/>				City: <input type="text"/>		State: <input type="text"/>	
GTA CLLI Code: <input type="text"/>				NPA: <input type="text"/>			
Point of Contact (POC): <input type="text"/>				NXX: <input type="text"/>			
POC Phone No.: <input type="text"/>				Point of Contact (POC): <input type="text"/>			
CLS TDI: <input type="text"/>				POC Phone No.: <input type="text"/>			

Customer Facility Information

Related Circuit Number: <input type="text"/>	Channel Assignment: <input type="text"/>
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Service Level Agreement

Package: <input type="text"/>	Hours and Response: <input type="text"/>
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Additional Remarks

Notes:

Solution Design

[Empty area for Solution Design content]

Solution Design

This Service Order is an attachment to the Letter of Agreement dated _____ between TeleGuam Holdings, LLC doing business as GTA ("GTA") and the undersigned Customer and is an integral part of that Agreement. This Service Order is effective as of the Effective Date indicated below.

Customer:	<input type="text"/>	Supplier:	<input type="text"/>
Signature:	<input type="text"/>	Signature:	<input type="text"/>
Date:	<input type="text"/>	Date:	<input type="text"/>
Name:	<input type="text"/>	Name:	<input type="text"/>
Title/Position:	<input type="text"/>	Title/Position:	<input type="text"/>