



Payphone Service Request Checklist For Public Access Line Installation

Vendor Code: _____

- New Record Order AL LA NC
- Change Disconnect FL KY SC
- Move GA MS TN

BST Only: Svc. Rep. Initials _____ Today's Date: _____
 Order No. _____
 Telephone Number _____
 Due Date: _____

Section A - Customer Information

1. Billing Name: _____
Billing Address: _____
2. Business Name Listed On Public Service Commission Certification: _____
(Not Required For Kentucky and Mississippi)
3. Sole Ownership Partnership Corporation
State Of Incorporation _____ Year Of Incorporation _____
4. Name(s), Title(s), Social Security Number(s) & Residence Tel. No.: _____
5. Business Telephone Number(s): _____
Fax Number: () - _____ Toll Free Number: () - _____
6. Other Payphone Service Telephone Number: _____ Previous Payphone Service: Yes No
7. Name & Telephone Number Of Person to Contact Concerning:
A. Billing Matters _____
B. Orders _____

Section B - Location And Directory Information

8. Number Of Public Access Lines To Be Installed: _____
9. If Multiple Lines Requested, Does Customer Want: Single Line Account Multi-Line Account
10. CLUB Bill Number (if applicable): _____
11. Telephone Number(s) To Be Disconnected: _____
12. Requested Due Date (MM/DD/YYYY): _____
13. Location Name: _____
Location Address: _____
- Location (Area Code) Telephone Number (if known) () - _____
14. Listed Non-Listed Non-Published
15. Send Directories To: Location Address Billing Address
 Other _____
16. Bulk Directory Delivery: Request On File No. Required _____

Section C - Line Information

17. Indicate Line Restrictions Desired enter USOC _____
 - Unrestricted Line (Allows Any Type Call)
 - Restricted Line A - 1 + 900, 1 + DDD, 976 & 7 Digit Local Blocked
 - Restricted Line B - 1 + 900, 1 + DDD & 976 Blocked
 - Two-Way or Outward Only Service
 - TouchTone (optional KY, TN only)
 - 900 & 976 Blocking (Optional except in Florida)
 - Operator Screening (Optional, but may be included in Line Option selected)
 - Inmate Service
 - International Call Blocking (Optional In North Carolina and states with unrestricted lines)
18. Indicate Line Features Desired:
 - Flat
 - Usage
 - Area Calling

Payphone Service Request

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Section C - Line Information *Continued*

19. Long Distance Carrier (PIC): _____ Freeze: Yes No
20. Intra-LATA Local Carrier (LPIC): _____ Freeze: Yes No

* In compliance with FCC rules, a Letter of Agency (LOA) is required when requesting a freeze of your PIC or LPIC on new or existing service and on existing service when changing your LPIC to BellSouth. The LOA authorizes BST to act as your agent and issue the service order for your account. The LOA must clearly state your request in conjunction with other FCC required information. Contact the Payphone Service Provider Service Center to obtain a copy of an LOA.

Section D - Inside Wiring Past Network Interface Provided By BST

21. Yes No

NOTE: Additional charges will apply

Section E - Equipment Information

22. Interface Location: _____
- Inside Outside Outside Remote to mast
- Telephone Equipment Type Coin Coinless

Section F - Tax Exemption

23. Tax Exempt: Yes No
- If Yes: Federal State County Local

NOTE: Tax exemption can not be added unless appropriate tax exemption certificates(s) have been submitted.

Section G - Premium Plan

24. Do You Want Premium Plan: Yes No Premium Plan Number If Already Assigned: _____

NOTE: Premium Plan can not be added unless Yes is checked and Premium Plan Number provided.

Section H - Full Disclosure Statement

25. Optional Services -Services designated (*) are optional services and are not a requirement of basic service installations. These optional services can be canceled without a cancellation charge.

Section I - Remarks

Name Of Person Issuing Request: _____

Date (MM/DD/YYYY): _____