

VIDEO SERVICES - SERVICE INQUIRY

**Basic Information Needed to Process an Inquiry for Video Service.
Call End User Center 800-276-1077**

Originator Name: _____ Phone: _____ Fax: _____

Inquiry [] Firm Order [] Update [] Disconnect []

Requested Service Date: ____/____/____ Service Period: Daily [] Monthly [] Contract []

Customer Name: _____

Customer Address: _____

Pre Sales Contact: _____ Phone: _____ Fax: _____

Related SI's: _____ Customer Account Number: _____

Type of Service

Sub-Type

- | | | |
|--|--|---|
| <input type="checkbox"/> TV1 Broadcast | <input type="checkbox"/> Single | <input type="checkbox"/> Multi-Channel |
| <input type="checkbox"/> TV3 Commercial Quality | <input type="checkbox"/> TV1D | <input type="checkbox"/> TV-D (DS3 signal) |
| <input type="checkbox"/> DS3 Digital Video Service | <input type="checkbox"/> Single | <input type="checkbox"/> Multi-Channel |
| <input type="checkbox"/> TVS (Switched Uncompressed) | <input type="checkbox"/> Additional Audio Only | |
| <input type="checkbox"/> Modular Video Transport | <input type="checkbox"/> Point-to-Point | <input type="checkbox"/> Ring <input type="checkbox"/> Star |
| | <input type="checkbox"/> Single | <input type="checkbox"/> Multi-Channel |
| <input type="checkbox"/> 70 Mhz Analog | | |
| <input type="checkbox"/> SDI 270 Mbps | | |

Circuit ID: _____ (Firm Orders Only)

Number of Audio Channels per Video Channel (initial): [] 2, 15 Khz [] 4, 15 Khz [] 4, 20 Khz
Direction of Transmission: [] A to Z [] Z to A Quantity of Circuits: _____

Location A: NPA: _____ LSO: _____ NC: _____ NCI: _____

Location Name: _____ Address: _____

CFA: _____ Location A CLLI: _____

Applicable USOCs: _____

Local Contact (LCON): _____ Phone: _____

Location Z: NPA: _____ LSO: _____ NC: _____ NCI: _____

Location Name: _____ Address: _____

CFA: _____ Location Z CLLI: _____

Applicable USOCs: _____

Local Contact (LCON): _____ Phone: _____

Remarks:

