

AT&T CALNET 2 CALLING CARD ACCOUNT IMPLEMENTATION FORM

Submit Calling Card Form along with Form 20 to your ATT representative

DATE: Mm/dd/yyyy

Follow the directions for each section to ensure the required information is complete to process the Customer's request. All information requested, is required to begin processing the requested activity in a timely manner.

SECTION 1: Contact Information

Company Name: _____

Company Address: _____

City: _____ State: CA Zip: - _____

Company Contact Name: _____

Contact Address if different from Company Address: _____

Contact Phone Number: __ Fax Number: _____

Email Address: _____

Company Billing Contact Name: _____

Contact Address if different from Company Address: _____

Billing Contact Phone Number: _____ Fax Number: _____

Email Address: _____

SECTION 2: Account Information

A. Billing Information

Bill cards to existing BTN/Bill Payer Number: Yes No

BTN/BPN to use: _____ OR Establish new BTN/Bill Payer Number: Yes No

B. Form 20 Number/Purchase Order Number: _____

C. Hierarchy Information

Please define the following:

Summary Level -Department or Division _____

Second- can be Division or Cards _____

Third Level -Cards _____

SECTION 3: Card Information

A. Card Features *Select All That Apply:*

NRA Option II 1-800 Call ATT (0+) International Authorization

Billing Codes (0+) Purchase Limits, Amount: \$ _____ (0+)

Geographic Restrictions (0+)

Domestic to Domestic

Domestic to International

International to International

Area Code _____

B. Mailing Instructions (select one of each option)

i. PIN Number Printed On Card PIN Number Suppressed

ii. PIN number printed on card carrier PIN number emailed to card holder

iii. Card Mailed to Card Holder Card Mailed to Company Contact

Number of Cards Requested:

Card Line 1: _____ (24 Character Max)

Card Line 2: _____ (24 Character Max)

Default Card Mailing Contact Name: _____

Contact Address if different from Company Address (for UPS type delivery): _____

Card Mailing Contact Phone Number: _____ Fax Number: _____

Email Address: _____ (required)