



ANYTHING AND EVERYTHING ON THE NETWORK

One Barnes Park South Wallingford, CT. 06492

Phone: 877-312-5560 Fax: 877-312-5544

MPLS Service Order

1. Customer Information

Customer Name \_\_\_\_\_

(Must match the name on the Dedicated Service Master Agreement)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Customer Name at Service Location \_\_\_\_\_

Service Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address if different than Customer Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

E-mail Address \_\_\_\_\_ @ \_\_\_\_\_

Technical Contact Name \_\_\_\_\_ Contact Number \_\_\_\_\_

2. MPLS Service

Order Activity: New Add Change Disconnect Move

Term Commitment: 12 Months 24 Months 36 Months 60 Months

Request Underlying Carrier:

Quantity Monthly Recurring charge: (MRC)

Non Recurring Charge: (NRC) Expedite Fee: Yes (additional fees will apply)

The attached MPLS dedicated questionnaire has been completed for each location including the cost and configuration information.

3. Summary of Order or Additional Comments

4. Customer Authorization

This MPLS Service Order is subject to the Terms and Conditions within the Dedicated Service Master Agreement. By executing below you acknowledge acceptance of such terms and conditions.

The person(s) signing this agreement is authorized to sign on behalf of the customer.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

5. Agent Information

Agent Name: \_\_\_\_\_ Agent ID: \_\_\_\_\_ (Rev 06/08)

MPLS Questionnaire (required for each location)				
1	Customer Name:			
2	Service Address:			
3	Floor/Suite:			
4	City:			
5	State:			
6	ZIP Code:			
7	Service Type:			
	Loop T1	MRC	<input type="text"/>	NRC <input type="text"/>
	NX T1	MRC	<input type="text"/>	NRC <input type="text"/>
	DS3	MRC	<input type="text"/>	NRC <input type="text"/>
	OC3	MRC	<input type="text"/>	NRC <input type="text"/>
	Port	MRC	<input type="text"/>	NRC <input type="text"/>
	QOS	MRC	<input type="text"/>	NRC <input type="text"/>
	Basic Bandwidth _____	MRC	<input type="text"/>	NRC <input type="text"/>
	Enhanced Bandwidth _____	MRC	<input type="text"/>	NRC <input type="text"/>
	Video Bandwidth _____	MRC	<input type="text"/>	NRC <input type="text"/>
8	Technical Contact Telephone Number:			
8a	Working Telephone Number at Service Location:			
9	Does the Demarc need to be extended? (Y/N) ( Additional Charges Apply )			
9a	If Yes, Extend Demarc to what Floor & Room/Suite # ?			
10	Local Contact Name ( For Access )			
10a	Local Contact Telephone Numbers: ( Ofc & Cell # )			
11	T1 Type: Digital, PRI or IVAD (Integrated Voice & Data )			
11a	If IVAD, How many Voice and Data Channels? :			
11b	Voice & Data Channel Arrangement on T1: ( e.g. Voice Channels 1-12, Data Channels 12-24 )			
12	Carrier Name providing service: ( Paetec, Qwest, Verizon Business, etc. )			
13	T1 Termination : ( Type of Jack, e.g. RJ48x, RJ45x )			

14	<b>Equipment Required-Customer Provided</b>	Yes	<input type="text"/>	No	<input type="text"/>
15	<b>Equipment Required-PWW Provided</b>	Yes	<input type="text"/>	No	<input type="text"/>
16	<b>Managed Router</b>	MRC	<input type="text"/>	NRC	<input type="text"/>
17	<b>Access Kit</b>	MRC	<input type="text"/>	NRC	<input type="text"/>
18	<b>CPE Manufacturer</b>				
18a	<b>CPE Model</b>				
19	<b>CPE Vendor Company Name:</b>				
19a	<b>CPE Contact Name:</b>				
20	<b>CPE Contact Numbers: ( Both Ofc and Cell #'s - Please ! )</b>				
21	<b>Signaling Pulse: ( DTMF, DP, ISDN )</b>				
22	<b>DS1 Framing &amp; Coding Format : ( e.g ESF/B8ZS, etc. )</b>				
23	<b>ISDN Protocol: ( NI2, NI1, Custom 5E, NTSL1 or other )</b>				
24	<b>Supervision: ( E&amp;M, Not applicable for PRI )</b>				
<b>FOR INTERNET SERVICES ONLY</b>					
25	<b>Number of Public IP Addresses required:</b>				
26	<b>BGP Required? ( Yes or No )</b>				
27	<b>If Yes, BGP Questionnaire &amp; LOA must be completed</b>	<b>Acknowledged:</b>			
28	<b>Reverse DNS Required ( Yes or No )</b>				
29	<b>NAT to be enabled? ( Yes or No )</b>				
30	<b>DHCP Needed? ( Yes or No )</b>				
31	<b>Type of Router or Equipment provided:</b>				
32	<b>Router Encapsulation ? ( PPP, Frame Relay, HDLC)</b>				