Agency:enter text. Division: enter text. Optional Agency Order #: enter text.

***Billing Information:***

Bill to NEW Account: [ ]

ATTN Name: enter text.

Mailing Address: enter text.

Contact Telephone Number: enter text.

OR Bill to Existing Account: [ ]
 Account Number: enter text.

***Shipping Information:***

Agency Name enter text.

Attn: enter text.

Mailing Address enter text.

***User Name*** to be associated with Service: enter text. If Quantity ordered is >1, list other names: enter text.

***Telephone Numbers***: Assign New Number [ ]  OR PORT existing number [ ]

If new number, full physical address with the main predominant area of use for number assignment:

enter text.

If porting an existing number, complete the following using EXACT information from the previous carrier’s invoice:

10-digit telephone number: enter text.

Carrier name: enter text.

Account number: enter text.

Bill name: enter text.

Address line 1: enter text.

Address line 2: enter text.

City/state/zip: enter text.

***Voice Plan:*** State Plan (Local/National) [ ]

Other Plan [ ]  Specify plan name:

***Data Plan:*** State Unlimited Smart Phone plan [ ]  State 5GB Smart Phone Plan with Tethering [ ]

State 5 GM Aircard plan [ ]

Other plan [ ]  Specify plan name: enter text.

Activate ***Text Messaging*** (off by default)? Yes [ ]  Specify plan name: enter text.

***Equipment:*** Basic vendor provided equipment with standard accessories: [ ]  Model: enter text.

Other vendor equipment: [ ]  Specify type: enter text. Net Price quoted /device: enter text.

Customer provided equipment: [ ]  Specify Type: enter text. Specify ESN/ IMEI number: enter text.

List separate, chargeable accessories to be shipped with device(s): enter text.

***Effective Date***: enter text.

***Comments***: enter text.

***Form submitted by*** authorized representative:

Name: enter text.

Contact Telephone Number: enter text.

Date: enter text.

***Email this form to:*** David Holznecht at DH7970@att.com w/SOW – (Agency Name) in the subject line

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*FOR VENDOR USE\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

Equipment shipped by: Date:

Telephone number(s)

Charge for Equipment

Comments:

**VENDOR: Return a copy of this form w/the equipment, along with instructions for activation of the equipment.**