For ***URGENT SERVICE IMPACTING*** requests, please call our National Business Services Department at **1-800-999-5445**.

**Change Request will only be accepted by Authorized Order Placers.** Upon completion email request to: Business\_Support@amcustomercare.att-mail.com

**Any item marked with an asterisk (\*) is a required field**

Company Name: enter text. Date: enter text.

Foundation Account Number: enter text. **PASSWORD**:**\*** enter text.

\***(For your security, if your account has a password, you must provide it when making changes to your account)**

Request Placed by:**\*** enter text. Contact Number:**\*** **(**enter text.**)** enter text. **-** enter text.

Mobility Service Manager enter text. Contact Number: **(**enter text.**)** enter text. **-** enter text.

**CTN/Wireless Num****ber\*: (**enter text.**)** enter text. **-** enter text. **BAN/Account Number\*:**enter text.

## Service Level Information Changes

**Note:** Changes in this area will affect CTN/Wireless Number only. (If no changes are needed, leave field blank.)

[ ]  Change Service User Name: Current Service User Name: enter text.

New Service User Name: enter text.

[ ]  Change Service User Address: New Street Address: enter text.

 Suite/Floor: enter text.

City: enter text. State: enter text. Zip Code: enter text.

Contact Number: **(****)****-**

[ ] Change Rate Plan:

Current Rate Plan: enter text. New Rate Plan: enter text. Monthly Fee: enter text.

[ ] Add/DeleteFeature/Promotion:

Add Feature: enter text.Add Feature: enter text.Add Feature: enter text.

Delete Feature: enter text. Delete Feature: enter text. Delete Feature: enter text.

Add Promotion: enter text.Add Promotion: enter text.Add Promotion: enter text.

Delete Promotion: enter text. Delete Promotion: enter text. Delete Promotion: enter text.

## Billing Level Information Changes

Note: Changes in this area will affect the Billing Account. Leave field blank if no changes are needed.

[ ]  (Check if billing address should be same as above)

[ ] Change Billing Address Attn. Name: enter text.

Address: enter text.

 City: enter text. ,State: enter text. Zip Code: enter text.enter text.

 Contact Number: **(**enter text.**)** enter text. **-** enter text.

[ ]  Move service to new FAN (foundation account number) FAN’s must be associated.

Change from Foundation Account #: enter text. **to** Foundation Account #: enter text.

[ ]  Transfer service to **existing** billing account number (**consolidate**)

Change from Account #: enter text. **to** Existing Account #: enter text.

[ ]  Transfer service to **new** local billing account number (**split on new account**)

Change from Account #: enter text. **to** New Account #: (will be created)

## CBS Hierarchy Updates

**Please select hierarchy updates**

[ ]  Add Child (Organization) enter text. **or** Rename Level: From: enter text. **to** enter text.

[ ] Change the hierarchy assigned to each device Child (Organization) Name: enter text.New Value enter text.

## Service Status Changes

[ ]  **Suspend Service (Select One Reason Below)** Recurring charges for service continue to accrue while the service is suspended. If you wish to change the rate plan while service is suspended please fill out new rate plan information below:

[ ]  Employee Change (120 days)**\***

[ ]  Vacation/Seasonal (180 days)**\***

[ ]  Equipment Problems/Upgrade (30 days)**\***

[ ]  Stolen or Lost Equipment or Phone (Remains until manually changed)**\*\***

[ ]  Other:

[ ]  **Change Rate Plan during suspension:**

Current Rate Plan: enter text. New Rate Plan: enter text. Monthly Fee: enter text.

**\* Service will be automatically reinstated after the marked day**

**\*\* Service will be automatically cancelled after the marked day**

[ ]  **Re-instate Service**

[ ]  **Cancel Service (Select One Reason Below)**

**Please provide additional comments where indicated.**

[ ]  Employer Change

[ ]  Competition Pricing/Promotion

[ ]  Stolen or Lost Equipment or Phone

[ ]  Poor Coverage

[ ]  Poor Customer Service/**Comment**: enter text.

[ ]  Billing Issue/**Comment**: enter text.

## UDL (Hierarchy Label) Updates

**Add or Update UDL Values**

**Add** [ ]  **Update** [ ]

**UDL1:** enter text.

**UDL 2:** enter text.

**UDL 3:** enter text.

**UDL 4:** enter text.

## Bill Reprint Request

**Note:** Unless the copy is requested for a dispute or AT&T error, after the first bill reprint, the fee is $5.00 for printed copies (1 line of service), $10 for printed copies up to 100 pages, and $.10 for each add’l page. Emailed bill copies are available for $10, regardless of the number of pages. If detailed billing is not active, we will not be able to provide for previous months. Bill reprint will be sent to the current billing or email address of record.

Bill Reprint Method: [ ]  Printed Copy [ ]  Emailed Copy: *(note: you will be contacted to complete an email consent form.)*

Bill Reprint Request Reason:

**Choose One**: [ ]  Incorrect Address [ ]  AT&T Error [ ]  Customer Disputes Bill [ ]  Duplicate Copy

Month(s): enter text. Year: enter text.

## Additional Comments

enter text.