PAGING SERVICE REQUEST FORM - NATIONWIDE NEW/CHANGE SERVICE FORM

CMS ORDER # _____ Page_____ of _____ www.il

AGENCY:	CTRL #:	COORD.	TEL:

AU#:	DATE:	DATE DUE:	REQUEST TYPE: ☐ NEW ☐ CHANGE REQUESTED

EQUIPMENT
- ☐ NUMERIC ONLY
- ☐ 2-WAY / WEBSTER 100
- ☐ 2-WAY / WEBSTER 200

OPTIONS
- ☐ VOICE MAIL
- ☐ OPERATOR DISPATCH / PACKAGE #2
- ☐ INTERNATIONAL COVERAGE (CANADA/MEXICO)

- ☐ CHANGE USER NAME
- ☐ CHANGE EQUIP./OPTIONS
- ☐ CHANGE TELEPHONE. #
- ☐ CHANGE AU #

ACTIONS
- ☐ CANCEL SERVICE / EQUIPMENT RETURNED
- ☐ CANCEL SERVICE / LOST OR STOLEN PAGER
- ☐ REPLACE / LOST OR STOLEN PAGER
- ☐ REPLACE / DAMAGED BEYOND REPAIR
- ☐ REINSTATE CANCELLED PAGER SERVICE

CHARACTER PACKAGE / CHOOSE ONE
- ☐ 25,000 CHARACTER PACKAGE
- ☐ 50,000 CHARACTER PACKAGE
- ☐ 100,000 CHARACTER PACKAGE
- ☐ UNLIMITED CHARACTER PACKAGE

REMARKS:

SEGMENT	USER NAME	PAGER TEL. #	CAP CODE	SERIAL #
1.	testing			
2.				
3.				
4.				
5.				

PAGER SHIPPING INFORMATION

AGENCY: PICKUP RETURN **VENDOR:** PICKUP DELIVERY

CONTACT: _____

PHONE #: _____

AGENCY: _____

STREET: _____

CITY/ZIP: _____

BILLING INFORMATION

MONTHLY RENTAL $ _____

SERVICE FEE $ _____

REPLACEMENT FEE $ _____

TOTAL $ _____

FINALIZED _____

ISP/MACSS APPROVAL

BY: _____

_____ / _____ / _____

VENDOR APPROVAL

BY: _____

_____ / _____ / _____

CMS APPROVAL

BY: _____

_____ / _____ / _____

VENDOR USE ONLY - DO NOT WRITE IN AREA BELOW

SEGMENT	FREQUENCY (MHz)	PAGER TEL. #	CAP CODE	SERIAL #
1.				
2.				
3.				
4.				
5.				