**Transmission Customer Contact Form**

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| **Company Information** |
| Legal Company Name:  | Tax ID number : |
| Parent Company Name (if applicable) :       | EIR Entity Code : | DUNS number : |

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| Primary Contact (24 hour contact)DateAuthorChange Description |
| Name : | Phone:  | Address:  |
| Email:  | Fax:  | City, State, Zip Code: |

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|  Credit Contact DateAuthorChange Description |
| Name:  | Phone:  | Address: |
| Email:  | Fax:  | City, State, Zip Code: |

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| Pre-Schedule Contact: | Phone: Fax: Fax: ( )Change Description |

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| After the Fact (Pool Errors)DateAuthorChange Description |
| Name: | Phone:  |  |
| Email:  | Fax:  |  |

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| Month End Billing CheckoutsDateAuthorChange Description |
| Name: | Phone:  |  |
| Email:  | Fax:  |  |

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| Monthly InvoicingAuthorChange Description |
| Name:  | Phone:  | Address: |
| Email: | Fax:  | City, State, Zip Code: |

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| ContractsDateAuthorChange Description |
| Name: | Phone:  | Address:  |
| Email:  | Fax:  | City, State, Zip Code: |

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| For Internal Use Only:     DateAuthorChange Description |