**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)  Date  Author  Change Description | | |
| Name : | Phone: | Address: |
| Email: | Fax: | City, State, Zip Code: |

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| Credit Contact  Date  Author  Change 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)  Date  Author  Change Description | | |
| Name: | Phone: |  |
| Email: | Fax: |  |

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| Month End Billing Checkouts  Date  Author  Change Description | | |
| Name: | Phone: |  |
| Email: | Fax: |  |

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| Monthly Invoicing  Author  Change Description | | |
| Name: | Phone: | Address: |
| Email: | Fax: | City, State, Zip Code: |

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| Contracts  Date  Author  Change Description | | |
| Name: | Phone: | Address: |
| Email: | Fax: | City, State, Zip Code: |

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| For Internal Use Only:  Date  Author  Change Description |