Commonwealth of Massachusetts

ITT72 Master Contract Id 555593

Network Services

Verizon Service Order Form

**IMPORTANT:** This form is to be used by Eligible Entities to order services or products from Verizon (excluding products/services of Verizon Wireless) under Commonwealth Of Massachusetts Statewide Contract No. ITT72, also known as Verizon Contract No. 555593 (the “Agreement”).

By signing below, Customer understands and agrees that the rates, charges, terms and conditions of the Agreement, which includes all documents attached to or incorporated in such Agreement, shall apply to the service(s) and/or products requested and provided under this Order Form. A copy of the Agreement is on file with the Commonwealth Operational Service Division and is available from Verizon account representative upon request.

|  |  |  |  |
| --- | --- | --- | --- |
| Customer Name: | Town of Sample |  | (“Customer”) |
| By: | John Doe |  | 7/1/2021 |
|  | *Authorized Customer Signature \** |  | *Date* |
| Print Name/Title: | John Doe, IT Director |  |  |
| ***\**** *If signature is other than the ordering Eligible Entity, a letter of authorization is required from the ordering Eligible Entity.* | | | |
|  | | | |

***\*\*Please complete unshaded areas.***

***For assistance with the form contact:*** [***ITT72PMO@verizon.com***](mailto:ITT72PMO@verizon.com)

***Submit completed forms to:*** [***CWMAITT72@verizon.com***](mailto:CWMAITT72@verizon.com)

|  |  |
| --- | --- |
| **Contact Information for Customer Submitting Request** | |
| Name: | Priscilla Downs |
| Phone: | xxx-xxx-xxxx |
| Email: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Requested Due Date: | | | 8/1/2021 | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | |
| Action Requested:  *(Insert* **X** *in Desired Box)* | | | New | X | Change | |  | Add |  | Disconnect |  | Upgrade | |  | Cancel |  |
|  | | |  | | | | | | | | | | | | | |
| Account Number/Circuit Id Information: | | | 351xxxxxx0001 [Located on Existing **VzT** **Bill** or indicate **NEW**]  Y1234567 [Located on Existing **VzB Bill** or indicate **NEW**] | | | | | | | | | | | | | |
| Summary Bill Information: | | | 951xxxxxx0001 [Applicable for **VzT** Only] | | | | | | | | | | | | | |
| Service Type & Quantity & Speed: **\* (where applicable)** | | | [Insert Product/Service for Cost Tables and Quantity Requested] | | | | | | | | | | | | | |
| ***\**** *Obtain accurate Product Name as listed in Cost Table.*  ***\**** *Rates and charges will be billed in accordance with applicable Cost Tables in effect during the term of the Agreement.* | | | | | | | | | | | | | | | | |
| ITT72 Local Usage Rate |  | Existing Verizon Usage Plan | | | |  | Specify Existing Verizon Usage Plan: | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | |
| VzB LD |  | Other | | | |  | Specify Other Carrier: | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | |

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| --- | --- |
| **Billing Information** | |
| Bill Line 1: | Town of Sample |
| Bill Line 2: | Attn: Priscilla Downs |
| Street Address: | 220 Main Street |
| City: | Sample |
| State: | MA |
| Zip: | 00000 |
| Billing Contact Phone Number: | xxx-xxx-xxxx |
| Billing Contact Email: | pdowns@cwmaxxxxxx.com |
| **Service/Installation Information** | |
| Install/Service Location:  [ **Address** ]  [ **City** ]  [ **State** ]  [ **Zip** ]  ***Note:*** *Add Locations as needed with a space in-between and a location number designation.* | Location #1:  440 Main Street  Sample  MA  00000 |
| On-Site Telephone Number: | xxx-xxx-xxxx |
| Floor/Room: | 2nd Floor / Room 201 |
| Telco Demarc/Floor No: | 1st Floor / Room 101 |
| Primary Technical Name: | Jose Hernandez |
| Primary Technical Phone: | xxx-xxx-xxxx |
| Primary Technical Email: | [jhernandez@cwmaxxxxxx.com](mailto:jhernandez@cwmaxxxxxx.com) |
| Secondary Technical Name: | N/A |
| Secondary Technical Phone: |  |
| Secondary Technical Email: |  |
| Access Arrangements and/or Additional Comments: | Check in at reception and request that primary contact be notified.  Primary contact will provide site access. |

**Special Notes:**

1. Customer authorizes Verizon to provide the following blocks: International Block, 900/976 Block, Cramming Block, 3rd Party Billing Block.
2. Verizon may require additional contract documentation to be signed by Customer (e.g. Statements of Work, Preferred Carrier Freeze Form, etc.).
3. Customer **MUST** provide ST2 and ST5 per Department of Revenue if Tax Exemption applies.

**End of ITT72 Customer Order Form Revision DATE JULY 8, 2021**