
STANDARD EXCHANGE BILL FORM

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STANDARD FORMS

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STANDARD EXCHANGE BILL FORM

FRONT

STANDARD EXCHANGE BILL FORM

BACK

IMPORTANT INFORMATION

- * Local exchange bills are rendered monthly and are due and payable upon presentation.
- * CURRENT BILL If the amount due is not paid within fifteen days from the date of presentation, service may be disconnected.
- * PREVIOUS BILL If the amount for telephone service from a previous bill has not been paid, service is subject to disconnect prior to the due date identified on the front side of this bill.
- * RECONNECT CHARGE If your telephone service is disconnected, in addition to the delinquent amount, a reconnection charge (per line) will apply.
- * A LATE PAYMENT CHARGE of 1.5% may apply to an unpaid balance carried forward of \$20.00 or more that is not received by the Telephone Company within 21 days of the bill date.
- * When mailing your payment, write your telephone number (including area code) on your check and enclose your tear-off payment stub.
- * If you believe you have been billed incorrectly, please call our customer billing center within 30 days of this billing for prompt reconciliation.
- * Should you need to correspond with us, please use a separate piece of paper. Notes written on the tear-off scanner stub itself may go unnoticed due to automation.
- * Should you question this bill, please request an explanation from the company. If you thereafter believe you have been billed incorrectly, the amount of the bill should be deposited with the California Public Utilities Commission, State of California, State Building, Civic Center, San Francisco, California 94102, to avoid discontinuance of service. Make remittance payable to California Public Utilities Commission and attach the bill and statement supporting your belief that the bill is not correct. The Commission will review the basis of the billed amount and make disbursement in accordance with its findings.
- * All billing and service inquiries regarding federal communications commission charges may be referred to the Informal Complaints and Public Inquiries Branch, Enforcement Division, Common Carrier Bureau, Federal Communications Commission, Washington D.C. 20554, Telephone number 1+202-632-7553.

Advice Letter No. 408E
Decision No. 94-09-065

Issued By
Lida C. Tong, State Director
External Affairs

Date Filed APR 28, 1997
Effective MAY 01, 1997
Resolution No. T-16000

STANDARD EXCHANGE BILL FORM

BACK (Continued)

IMPORTANT INFORMATION

* The following is an explanation of the toll call codes which appear under the headings C, P, and T:

<u>Heading C</u> <u>RATE CLASS</u>	<u>Heading P</u> <u>RATE PERIOD</u>	<u>Heading T</u> <u>MESSAGE TYPE</u>
1 Person	1 Day	1 Sent Paid
2 Person Call Back (PCB)	2 Evening	2 Third Number
3 Operator - Station Call	3 Night	3 Telephone Calling Card
4 Dial - Station Call (Includes Both Domestic And International DDD)	4 Special Intrastate	4 Collect
5 Operator Completed Dial Rate Applied	5 Other Company Intrastate	5 Special Collect
6 Telephone Calling Card (Customer Dialed)	6 Weekend	7 Telegram
	7,8,9 Overseas	9 Miscellaneous (Aircraft, Conference, Marine, Manual Mobile)

STANDARD TOLL BILL FORM

STANDARD APPLICATION

NOTICE OF ACCOUNT PAST DUE FORM

DEPOSIT RECEIPT

STANDARD CONTRACT FOR GUARANTEE TOLL STATIONS

Form 35A

(Reserved for Future Use)

PAYMENT EXTENSION AGREEMENT FORM

Form 123

UNIVERSAL LIFELINE TELEPHONE SERVICE

(T)

Verizon West Coast Certification/Recertification Mailer – Annual Notice

(C)

(See Sheet 14)

(C)

(D)

(D)

UNIVERSAL LIFELINE TELEPHONE SERVICE BILL FORM

Dear Residential Customer:

GTE West Coast Incorporated offers lifeline service to residential customers who are eligible under the rules established by California Law. Lifeline service offers basic dial tone service at a fifty percent or greater reduction in monthly residence exchange rates, mileage rates and connection charges.

GTE WEST COAST INCORPORATED

CALIFORNIA UNIVERSAL LIFELINE SERVICE

Lifeline service eligibility rules:

1. This service must be the only service at your residence and it must be your principal place of residence.
2. No customer who is claimed as a dependent on another person's income tax return shall be eligible for ULTS.
3. Total household income must not exceed the following:

<u>Household Size</u>	<u>Income Limitation</u>
1, 2	\$ 17,000
3	20,000
Each Additional Member	4,000

(T)
|
(T)

If you qualify and wish this service, please place your telephone number, signature and date below, and return it with your bill payment.

I certify that I meet the above eligibility rules and apply for universal lifeline service. I understand that the Utility and/or the Public Utilities Commission may authorize verification of my eligibility.

Telephone Number

Signature

Date

Advice Letter No. 437
Decision No.

Issued By
Lida C. Tong, State Director
External Affairs

Date Filed JUL 10, 1997
Effective JUL 15, 1997
Resolution No. T-16010

CUSTOMER NOTIFICATION - INSTALL

Telephone Operations

Following your recent installation of telephone service the line was thoroughly checked and tested.

Upon completing the installation, we were unable to contact you. If you experience any problems, please call repair service.

WE ARE COMMITTED TO PROVIDING YOU
EXCELLENT SERVICE AND WE APPRECIATE
YOUR BUSINESS.

FORM 90002102

**SORRY WE MISSED
(DOOR TAB/NO ACCESS)**

UNIVERSAL LIFELINE TELEPHONE SERVICE

(C)

Verizon West Coast Certification/Recertification Mailer – Annual Notice

(date)

Dear Residence Customer:

Verizon offers Universal Lifeline Telephone Service (Lifeline) to residence customers who are eligible under the rules set by the California Public Utilities Commission (CPUC).*

If you qualify, Lifeline gives you basic service at half the usual cost or \$5.34 a month (whichever is lower), plus surcharges and taxes. In addition, Lifeline customers receive half off on service connection charges. They also get a \$1.82 credit for the amount of their network access charge for interstate calling.

If you currently have Lifeline service, you must recertify your eligibility each year. Even if you established service less than a year ago, you need to recertify at this time.

If you meet the eligibility requirements and want to sign up for or continue Lifeline service, please complete and return the enclosed card by mail or bring it to our Crescent City PhoneMart at 356 H St. by (date).

If you no longer qualify for Lifeline or don't want to continue the service, you don't have to return the card. Beginning (date), you will automatically be changed to regular rate service.

Questions?

Call us at 1-800-483-4000. (In Spanish version use 1-800-743-2483.)

*California Lifeline service eligibility rules:

1. You can have more than one telephone number in your household, but only one may have Lifeline service. (There's no limit to the number of phones.) Exception: If you're a Special Needs customer with a TTY and three-way calling, you're eligible for two Lifeline numbers.
2. Your total yearly household income** before taxes can not exceed \$18,200 each year (1 or 2 people), \$21,500 (3 people) and \$4,300 each additional person, depending on your household size.
3. You're not listed as a dependent on another person's tax return.
4. You're using Lifeline service only in your primary residence, not a second home or business.
5. Each year income levels are adjusted. You must certify annually that you meet these eligibility rules.

(C)

UNIVERSAL LIFELINE TELEPHONE SERVICE
RECERTIFICATION FORM

FRONT

Important Notice about telephone service rates!

Attention: Residential Customers

GTE West Coast offers Lifeline Service to residential customers who are eligible under the rules established by the California Public Utilities Commission. Lifeline Service provides you with basic dial tone service at a fifty percent or greater reduction in your monthly rates, (exchange, mileage and service connection charges). Please review the eligibility rules below.

If you currently have Lifeline Telephone Service you must recertify your eligibility each year. If you still qualify, please complete the back of this notice and return it with your bill payment or bring it to our Crescent City Service Center. Failure to return this notice within 30 days will return your service to normal monthly service rates.

California Universal Lifeline Service Eligibility Rules:

1. This service must be the only service at your residence and it must be your principal place of residence in California.
2. No customer who is claimed as a dependent on another person's income tax return shall be eligible for Lifeline Telephone Service.
3. Total household income must not exceed the following:

<u>Household Size</u>	<u>Income Limitation</u>
1-2	\$ 17,000
3.....	20,000
Each additional member add.....	4,000

If you qualify for Lifeline Service, please sign and date the bottom of this notice and include your telephone number. Please return this notice with your bill payment or bring it to our Crescent City Service Center located at 356 H Street.

(T)
|
(T)

BACK

I certify that I meet the above eligibility rules and am applying/recertifying for Universal Lifeline Telephone Service. I understand that GTE West Coast and/or the Public Utilities Commission may authorize verification of my eligibility.

Telephone Number	Signature	Date
GTE West Coast	Telecommunications	Excellence

Advice Letter No. 437 Decision No.	Issued By Lida C. Tong, State Director External Affairs	Date Filed JUL 10, 1997 Effective JUL 15, 1997 Resolution No. T-16010
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UNIVERSAL LIFELINE TELEPHONE SERVICE

Verizon West Coast Certification/Recertification Mailer – Annual Notice (Cont'd)

**The definition of total household income according to the California Public Utilities Commission General Order 153, Section 1.3.7 is:

Total Household Income - All revenues, from all household members, from whatever source derived, whether taxable or non-taxable, including, but not limited to: wages, salaries, interest, dividends, spousal support and child support payments, public assistance payments, social security and pensions, rental income, income from self-employment*** and all employment-related non-cash income.

***Net business income as shown on IRS Form 1040, Schedule C, Line 29. If a loss is shown, do not subtract Line 29 from other income to determine eligibility.

Important:

Do not mail your bill with this form. Doing so may delay your payment beyond the due date.

If you meet the eligibility requirements and want to sign up for or continue Lifeline service, please check one of the categories on the reply card. Then fill in your name, your phone number, the date, sign and mail it by (date).

[Panel 3 – horizontal format]

Universal Lifeline Service application/renewal

I want to be a new Lifeline customer.

I am currently a Lifeline customer. I hereby apply to renew my Universal Lifeline service.

I certify that I have reviewed and meet the qualifications and accept the terms and conditions for that service. I understand that my eligibility is subject to verification and if it is found that my income exceeds the limitation, I will be taken off Lifeline service and billed for previous discounts I should not have received. I understand I must certify my eligibility annually.

UNIVERSAL LIFELINE TELEPHONE SERVICE

Verizon West Coast Certification/Recertification Mailer – Annual Notice (Cont'd)

Print name _____

Phone number with Lifeline service or
on which Lifeline is to be established _____

Signature _____

Date _____

(information below in small type, just above or under adhesive strip)

FILL OUT FORM, DETACH, FOLD WITH YOUR INFORMATION ON THE INSIDE, ATTACH POSTAGE STAMP, SEAL AND SEND IT TO VERIZON AT THE ADDRESS PRINTED ON THE FRONT.

UNIVERSAL LIFELINE TELEPHONE SERVICE

Daily Lifeline self certification – Verizon - West Coast

YOU CAN LOWER YOUR BILL IF YOU QUALIFY FOR UNIVERSAL LIFELINE SERVICE

Verizon offers Universal Lifeline Telephone Service (Lifeline) to residence customers who are eligible under the rules set by the California Public Utilities Commission (CPUC).*

If you qualify, Lifeline gives you basic service at half the usual cost or \$5.34 a month (whichever is lower), plus surcharges and taxes. In addition, Lifeline customers receive half off on service connection charges. They also get a \$1.82 credit for the amount of their network access charge for interstate calling.

If you meet the eligibility requirements and want to sign up for Lifeline service, please complete and return the enclosed card by mail or bring it to our Crescent City PhoneMart at 356 H St.

Questions? Call us at 1-800-483-4000. (In Spanish version use 1-800-743-2483.)

LIFELINE ELIGIBILITY REQUIREMENTS

To receive Lifeline, you must meet these requirements established by the California Public Utilities Commission.

1. You can have more than one telephone number in your household, but only one may have Lifeline service. (There's no limit to the number of phones.) Exception: If you're a Special Needs customer with a TTY and three-way calling, you're eligible for two Lifeline numbers.
2. Your total household income* may not exceed \$XX,XXX each year depending on your household size, as indicated below:

Household Size	Maximum Annual Income
1-2	\$XX,XXX
3	\$XX,XXX
Each additional person	\$ X,XXX
3. You're not listed as a dependent on another person's tax return.
4. You're using Lifeline service only in your primary residence, not a second home or business.
5. Each year income levels are adjusted. You must certify annually that you meet these eligibility rules.

UNIVERSAL LIFELINE TELEPHONE SERVICE

Daily Lifeline self certification – Verizon - West Coast (Cont'd)

*The definition of total household income according to the California Public Utilities Commission General Order 153, Section 1.3.7 is:

Total Household Income - All revenues, from all household members, from whatever source derived, whether taxable or non-taxable, including, but not limited to: wages, salaries, interest, dividends, spousal support and child support payments, public assistance payments, social security and pensions, rental income, income from self-employment**, and all employment-related non-cash income.

**Net business income as shown on IRS Form 1040, Schedule C, Line 29. If a loss is shown, do not subtract Line 29 from other income to determine eligibility.

LIFELINE SERVICE APPLICATION

To receive Lifeline service, you must meet the requirements listed on the previous page. If you are eligible for Lifeline service, please sign and date the bottom portion of this form and return it in the enclosed envelope.

IMPORTANT – RETURN IMMEDIATELY

We must receive your signed certification application within 30 DAYS or your Lifeline telephone service will be changed to regular rates. These monthly rates will be retroactive to the date your Lifeline service began. You also will be billed regular service connection charges rather than Lifeline connection charges.

Please detach and return in the enclosed envelope.

I hereby apply for Universal Lifeline Service. I certify that I have reviewed and meet the qualifications and accept the terms and conditions for that service. I understand that my eligibility is subject to verification and if it is found that my income exceeds the limitation, I will be taken off Lifeline service and billed for previous discounts I should not have received. I understand I must certify my eligibility annually.

Print name _____

Phone number on which Lifeline is to
be established _____

Signature _____

Date _____

UNIVERSAL LIFELINE TELEPHONE SERVICE

Daily Lifeline self certification (Special Needs with two lines) – Verizon West Coast

SELF CERTIFICATION FORM FOR SPECIAL NEEDS CUSTOMERS WHO QUALIFY FOR TWO LIFELINE NUMBERS

Verizon offers Universal Lifeline Telephone Service (Lifeline) to residence customers who are eligible under the rules set by the California Public Utilities Commission (CPUC).*

If you qualify, Lifeline gives you basic service at half the usual cost or \$5.34 a month (whichever is lower), plus surcharges and taxes. In addition, Lifeline customers receive half off on service connection charges. They also get a \$1.82 credit for the amount of their network access charge for interstate calling.

If you meet the eligibility requirements and want to sign up for Lifeline service, please complete and return the enclosed card by mail or bring it to our Crescent City Phone Mart at 356 H St.

Questions? Call us at 1-800-483-4000. (Spanish - 1-800-743-2483.)

LIFELINE ELIGIBILITY REQUIREMENTS

To receive Lifeline, you must meet these requirements established by the California Public Utilities Commission.

1. You can have more than one telephone number in your household, but only one may have Lifeline service. (There's no limit to the number of phones.) Exception: If you're a Special Needs customer with a TTY and three-way calling, you're eligible for two Lifeline numbers.
2. Your total household income* may not exceed \$XX,XXX each year depending on your household size, as indicated below:

Household Size	Maximum Annual Income
1-2	\$XX,XXX
3	\$XX,XXX
Each additional person	\$ X,XXX

3. You're not listed as a dependent on another person's tax return.
4. You're using Lifeline service only in your primary residence, not a second home or business.
5. Each year income levels are adjusted. You must certify annually that you meet these eligibility rules.

UNIVERSAL LIFELINE TELEPHONE SERVICE

Daily Lifeline self certification (Special Needs with two lines) – Verizon West Coast (Cont'd)

*The definition of total household income according to the California Public Utilities Commission General Order 153, Section 1.3.7 is:

Total Household Income - All revenues, from all household members, from whatever source derived, whether taxable or non-taxable, including, but not limited to: wages, salaries, interest, dividends, spousal support and child support payments, public assistance payments, social security and pensions, rental income, income from self-employment**, and all employment-related non-cash income.

**Net business income as shown on IRS Form 1040, Schedule C, Line 29. If a loss is shown, do not subtract Line 29 from other income to determine eligibility.

SPECIAL NEEDS ELIGIBILITY REQUIREMENTS – TWO LIFELINE NUMBERS

If you are a Special Needs customer, you may be eligible to receive two Lifeline numbers to help you communicate with others. The second Lifeline number is offered at the same reduced rate as the first number and the second one-time connection charge is at the same reduced rate as the first.

To receive two Lifeline numbers, you must meet the regular Lifeline requirements listed on the previous page. In addition, you must meet the following requirements:

1. You or another household member is disabled.
2. The disabled household member has submitted a medical certificate of their disability to Verizon or the California Deaf and Disabled Telecommunications Program (DDTP) and that certificate complies with Public Utility Code 2281.
3. The medical certificate indicates the household member's need for a TTY device.
4. The disabled household member has immediate and continuous access within the household to a TTY device.
5. The household subscribes to three-way calling.

LIFELINE SERVICE APPLICATION – TWO LIFELINE NUMBERS

If you're eligible for Lifeline service on two numbers, please sign and date the bottom portion of this form and return it in the enclosed envelope.

UNIVERSAL LIFELINE TELEPHONE SERVICE

Daily Lifeline self certification (Special Needs with two lines) – Verizon West Coast) (Cont'd)

IMPORTANT – RETURN IMMEDIATELY

We must receive your signed certification application within 30 DAYS or your Lifeline telephone service will be changed to regular rates. These monthly rates will be retroactive to the date your Lifeline service began. You also will be billed regular service connection charges rather than Lifeline connection charges.

Please detach and return in the enclosed envelope.

I hereby apply for Universal Lifeline Service. I certify that I have reviewed and meet the qualifications and accept the terms and conditions for that service. I understand that my eligibility is subject to verification and if it is found that my income exceeds the limitation, I will be taken off Lifeline service and billed for previous discounts I should not have received. I understand I must certify my eligibility annually.

In addition, I certify that I or another household member is disabled. I also certify that the disabled household member has submitted a medical certificate of his/her disability to Verizon or the DDTP that indicates his/her need for a TTY. I also certify that the disabled household member has immediate and continuous access to a TTY and that the household subscribes to three-way calling.

(Important: If you are the Verizon account holder and also are the parent/guardian of a disabled household member who is a minor or who cannot because of his/her disability sign this self certification form, please sign twice below.)

Phone numbers on which Lifeline is to be established _____

Signature of Verizon account holder Date

Signature of disabled household Member (if different) Date

Signature of parent/guardian of disabled household member (if applicable) Date

UNIVERSAL LIFELINE TELEPHONE SERVICE

Recertification Form for Special Needs customers with two lines – Annual Lifeline Notice – Verizon - West Coast

RECERTIFICATION FORM FOR SPECIAL NEEDS CUSTOMERS WHO QUALIFY FOR TWO LIFELINE NUMBERS

The California Public Utilities Commission (CPUC) requires that all residential customers who have Universal Lifeline Service certify their eligibility for this service each year. Even if you established service less than a year ago, you need to recertify at this time.

Verizon offers Universal Lifeline Telephone Service (Lifeline) to residence customers who are eligible under the rules set by the California Public Utilities Commission (CPUC).

If you qualify, Lifeline gives you basic service at half the usual cost or \$5.34 a month (whichever is lower), plus surcharges and taxes. In addition, Lifeline customers receive half off on service connection charges. They also get a \$1.82 credit for the amount of their network access charge for interstate calling.

If you meet the eligibility requirements and want continue Lifeline service, please complete and return the enclosed card by mail or bring it to our Crescent City PhoneMart at 356 H St.

If you no longer qualify for Lifeline or don't want to continue the service, you don't have to return the card. Beginning (date), you will automatically be changed to regular rate service.

Questions? Call us at 1-800-483-4000. (Spanish - use 1-800-743-2483.)

LIFELINE ELIGIBILITY REQUIREMENTS

To have Lifeline service, you must meet these requirements established by the California Public Utilities Commission.

1. You can have more than one telephone number in your household, but only one may have Lifeline service. (There's no limit to the number of phones.) Exception: If you're a Special Needs customer with a TTY and three-way calling, you're eligible for two Lifeline numbers.
2. Your total household income* may not exceed \$XX,XXX each year depending on your household size, as indicated below:

Household Size	Maximum Annual Income
1-2	\$XX,XXX
3	\$XX,XXX
Each additional person	\$ X,XXX

3. You're not listed as a dependent on another person's tax return.
4. You're using Lifeline service only in your primary residence, not a second home or business.
5. Each year income levels are adjusted. You must certify annually that you meet these eligibility rules.

UNIVERSAL LIFELINE TELEPHONE SERVICE

Recertification Form for Special Needs customers with two lines – Annual Lifeline Notice – Verizon - West Coast (Cont'd)

*The definition of total household income according to the California Public Utilities Commission General Order 153, Section 1.3.7 is:

Total Household Income - All revenues, from all household members, from whatever source derived, whether taxable or non-taxable, including, but not limited to: wages, salaries, interest, dividends, spousal support and child support payments, public assistance payments, social security and pensions, rental income, income from self-employment**, and all employment-related non-cash income.

**Net business income as shown on IRS Form 1040, Schedule C, Line 29. If a loss is shown, do not subtract Line 29 from other income to determine eligibility.

SPECIAL NEEDS ELIGIBILITY REQUIREMENTS – TWO LIFELINE NUMBERS

If you are a Special Needs customer, you may be eligible to have two Lifeline numbers to help you communicate with others. The second Lifeline number is offered at the same reduced rate as the first number and the second one-time connection charge is at the same reduced rate as the first.

To have two Lifeline numbers, you must meet the regular Lifeline requirements listed on the previous page. In addition, you must meet the following requirements:

1. You or another household member is disabled.
2. The disabled household member has submitted a medical certificate of their disability to Verizon or the California Deaf and Disabled Telecommunications Program (DDTP) and that certificate complies with Public Utility Code 2281.
3. The medical certificate indicates the household member's need for a TTY device.
4. The disabled household member has immediate and continuous access within the household to a TTY device.
5. The household subscribes to three-way calling.

If you meet the new income eligibility requirements and want to continue to receive this service, please sign and date the bottom portion of this form and return it in the enclosed envelope by (date).

If you no longer qualify for Lifeline or do not want to continue the service, you do NOT need to return this form. Beginning (date), you will automatically change to regular service.

If you have any questions about Lifeline service, call our special toll-free Lifeline information number 1-XXX-XXXX.

UNIVERSAL LIFELINE TELEPHONE SERVICE

Recertification Form for Special Needs customers with two lines – Annual Lifeline Notice – Verizon - West Coast (Cont'd)

LIFELINE RENEWAL APPLICATION – TWO LIFELINE NUMBERS

If you meet the eligibility requirements and want to continue Lifeline service, please:

(boldface first bulleted line below)

- Sign and date the attached form.
- Put the form in the enclosed envelope, add the proper postage and send it to us by (date). (If you fail to respond by (date), there will be a one time charge of \$8.62 per number spread over three months to re-establish Lifeline.)

Please detach and return in the enclosed envelope.

I hereby apply for Universal Lifeline Service. I certify that I have reviewed and meet the qualifications and accept the terms and conditions for that service. I understand that my eligibility is subject to verification and if it is found that my income exceeds the limitation, I will be taken off Lifeline service and billed for previous discounts I should not have received. I understand I must certify my eligibility annually.

In addition, I certify that I or another household member is disabled. I also certify that the disabled household member has submitted a medical certificate of his/her disability to Verizon or the DDTP that indicates his/her need for a TTY. I also certify that the disabled household member has immediate and continuous access to a TTY and that the household subscribes to three-way calling.

(Important: If you are the Verizon account holder and also are the parent/guardian of a disabled household member who is a minor or who cannot because of his/her disability sign this self certification form, please sign twice below.)

Phone numbers on which Lifeline is established _____

Signature of Verizon account holder Date

Signature of disabled household Member (if different) Date

Signature of parent/guardian of disabled household member (if applicable) Date

Reserved for Future Use

(T)
(D)


(D)

 <p><u>FORMS</u> (No Rates)</p> <p>APPLICATION FOR SERVICE (State Tariff)</p>	
Company Name: [type full corporate name here]	Main Billing Tel. No: [type BTN here]
Address: [type address here] [type city, state, zip here]	
<p>Customer applies for and agrees to purchase from the undersigned Verizon operating telephone company the services identified below and as further described in Verizon's applicable tariffs (the "Services"), for a minimum period of _____ (____) consecutive months following execution of this Application and commencement of Services hereunder (the "Service Period"). The Services will be provided subject to the terms and conditions of Verizon's applicable tariffs in effect during the Service Period (the "Tariffs"), which are incorporated by this reference, and subject to the availability of suitable facilities.</p> <p>If Customer terminates this Application or any Services prior to expiration of the Service Period, Customer will promptly pay to Verizon any termination and cancellation charges specified in the Tariffs. The rates for the Services shall be as set forth in the Tariffs. Customer shall also pay all applicable charges, fees, taxes and tariff surcharges, including federal End User Common Line Charges, charged pursuant to applicable law, regulations or Tariffs.</p>	
Quantity	Service
	[Insert service as it appears in tariff. Use tab key to add additional lines.]
The Services will be provided at the following Customer locations:	
[Insert locations.]	
<p>The provision of any additional locations and/or quantities of Services will be subject to Verizon's applicable Tariffs. Verizon may assign or transfer part or all of this Application to any of its affiliates. Upon reasonable prior written notice to Verizon and consistent with applicable Tariff supersedure or other regulatory requirements, Customer may assign or transfer this Application to any company that is the successor to substantially all of its assets. All other attempted assignments shall be void without the prior written consent of the other party.</p> <p>Upon signature below by both parties, this Application and the Tariffs constitute the entire agreement between Customer and Verizon regarding the Services, and supersede all prior oral or written quotations, communications, understandings or agreements. In the event of a conflict between the Tariffs and this Application, the Tariffs shall control. Each party represents that its execution of this Application is based solely on its independent assessment of the rights and obligations set forth herein and not on any other oral or written quotations, communications, understandings or agreements.</p>	
AGREED AND ACCEPTED:	
[insert Customer's full corporate name] (Customer)	VERIZON [insert remainder of Verizon corp. name]
By _____	By _____
Name/Title _____	Name/Title _____
Date _____	Date _____
<p><small>(Generic-StateTF-022702)</small></p> <p style="text-align: center;"><small>Page 1 of 1</small></p>	

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 <p style="text-align: center;"><u>FORMS</u> (With Rates)</p> <p style="text-align: center;">APPLICATION FOR SERVICE (State Tariff)</p>					
Company Name: [type full corporate name here]		Main Billing Tel. No: [type BTN here]			
Address: [type address here] [type city, state, zip here]					
<p>Customer applies for and agrees to purchase from the undersigned Verizon operating telephone company the services identified below and as further described in Verizon's applicable tariffs (the "Services"), for a minimum period of _____ (____) consecutive months following execution of this Application and commencement of Services hereunder (the "Service Period"). The Services will be provided subject to the terms and conditions of Verizon's applicable tariffs in effect during the Service Period (the "Tariffs"), which are incorporated by this reference, and subject to the availability of suitable facilities.</p> <p>If Customer terminates this Application or any Services prior to expiration of the Service Period, Customer will promptly pay to Verizon any termination and cancellation charges specified in the Tariffs. The rates for the Services shall be as set forth in the Tariffs, which rates are summarized below. Customer shall also pay all applicable charges, fees, taxes and tariff surcharges, including federal End User Common Line Charges, charged pursuant to applicable law, regulations or Tariffs.</p>					
Quantity	Service	Monthly Unit Rate	Non-recurring Charges / Unit		
	[Insert service as it appears in tariff. Use tab key to add additional lines.]				
<p>The Services will be provided at the following Customer locations: [Insert locations:</p> <p>The provision of any additional locations and/or quantities of Services will be subject to Verizon's applicable Tariffs. Additional charges may also be required if suitable facilities are not available to provide the Services at any locations.</p> <p>Verizon may assign or transfer part or all of this Application to any of its affiliates. Upon reasonable prior written notice to Verizon and consistent with applicable Tariff supersedure or other regulatory requirements, Customer may assign or transfer this Application to any company that is the successor to substantially all of its assets. All other attempted assignments shall be void without the prior written consent of the other party.</p> <p>Upon signature below by both parties, this Application and the Tariffs constitute the entire agreement between Customer and Verizon regarding the Services, and supersede all prior oral or written quotations, communications, understandings or agreements. In the event of a conflict between the Tariffs and this Application, the Tariffs shall control. Each party represents that its execution of this Application is based solely on its independent assessment of the rights and obligations set forth herein and not on any other oral or written quotations, communications, understandings or agreements.</p> <p>AGREED AND ACCEPTED:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> [insert Customer's full corporate name] (Customer) By _____ Name/Title _____ Date _____ </td> <td style="width: 50%; vertical-align: top;"> VERIZON [insert remainder of Verizon corp. name] By _____ Name/Title _____ Date _____ </td> </tr> </table>				[insert Customer's full corporate name] (Customer) By _____ Name/Title _____ Date _____	VERIZON [insert remainder of Verizon corp. name] By _____ Name/Title _____ Date _____
[insert Customer's full corporate name] (Customer) By _____ Name/Title _____ Date _____	VERIZON [insert remainder of Verizon corp. name] By _____ Name/Title _____ Date _____				
(Generic-State-\$-050302)		Page 1 of 1			

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FORMS



ORDER CONFIRMATION for TARIFFED SERVICES

Customer Name: [type name here]	Main Billing Tel. No: [type BTN here]
---------------------------------	---------------------------------------

Address: [type address here] [type city, state, zip here]
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This Order Confirmation is to confirm Verizon's receipt of an order and binding commitment from you, the Customer, to purchase from the undersigned Verizon operating telephone company ("Verizon") the services identified below and as further described in Verizon's applicable tariffs (the "Services"), for a minimum period of _____ (___) consecutive months (the "Service Period"). Verizon's provision of the Services will be subject to the terms and conditions of Verizon's Federal and/or State tariffs, as applicable, in effect during the Service Period (the "Tariffs"), and will be subject to the availability of suitable facilities.

If Customer terminates any Services prior to expiration of the Service Period, Customer must promptly pay to Verizon any termination and cancellation charges specified in the Tariffs. The rates for the Services shall be as set forth in the Tariffs. Customer shall also pay all applicable charges, fees, taxes and tariff surcharges, including federal End User Common Line Charges, charged pursuant to applicable law, regulations or Tariffs.

Quantity	Service

Additional charges may also be required if suitable facilities are not available to provide the Service at any locations. The provision of any additional locations and/or quantities of Services will be subject to Verizon's applicable Tariffs.

The Services will be provided at the following Customer locations:
[insert locations]

If you have any questions or comments in regard to this Order Confirmation, please contact Verizon as soon as possible. Thank you for choosing Verizon.

AGREED AND ACCEPTED:

[insert Customer's full corporate name] (Customer)	VERIZON [insert remainder of Verizon corp. name]
Requestor Name/Title _____	By _____
	Name/Title _____
	Date _____

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