

# NATIONAL WHITE PAGES LISTING REQUEST

Rev. 09/04

**FORMS MUST BE TYPEWRITTEN**

DATE	ORDER DUE DATE	DA	PUB #	DIR #	STATE	DIRECTORY NAME	ISSUE	PAGE NO.	NAT'L DIR CLOSE
CMR #	CLIENT #	CLIENT NAME			YPSRL	WPLIST	LOA	SECTION	
PUBLISHING NAME		LOCAL REQ	FRGN REQ	CMR COMPANY NAME			CMR TEL #		
CMR FAX #	CMR E-MAIL		CMR CONTACT NAME						
CMR ADDRESS					CITY	STATE	ZIP CODE		
CMR COMMENTS									

## INFORMATION SECTION

BILLING COMPANY NAME: \_\_\_\_\_

BILLING ATTENTION NAME: \_\_\_\_\_

BILLING CONTACT NUMBER: \_\_\_\_\_

BILLING STREET ADDRESS: \_\_\_\_\_

BILLING SPECIAL INSTRUCTIONS: \_\_\_\_\_

ADDRESS WHERE 800 # IS ANSWERED (CITY & STATE): \_\_\_\_\_

TELEPHONE # WHERE 800 # SHOULD BE BILLED: \_\_\_\_\_

MISCELLANEOUS BILL #: \_\_\_\_\_

SERVICE ORDER ISSUED BY (NAME, TEL#, E-MAIL): \_\_\_\_\_

BUSINESS OFFICE COMMENTS: \_\_\_\_\_

## OTHER SERVICE PROVIDER INFORMATION

**(Only used if form rejected back to CMR)**

LOCAL SERVICE PROVIDER NAME: _____	FAX #: _____
ADDRESS: _____	E-MAIL ADDRESS: _____
TELEPHONE #: _____	CMR MUST CONTACT: _____ LERG _____ CLEC _____



