Commonwealth of Massachusetts

ITT72 Category 2-9 Network Services, Communications Services & Related Equipment  
Verizon Master Contract Id 555593

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: |  |  | (“Customer”) |
| By: |  |  |  |
|  | *Authorized Customer Signature \** |  | *Date* |
| Print Name/Title: |  |  |  |
| ***\**** *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: |  |
| Phone: |  |
| Email: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Requested Due Date: | | |  | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | |
| Action Requested:  *(Insert* **X** *in Desired Box)* | | | New |  | Change | |  | Add |  | Disconnect |  | Upgrade | |  | Cancel |  |
|  | | |  | | | | | | | | | | | | | |
| Account Number/Circuit Id Information: | | |  | | | | | | | | | | | | | |
| Summary Bill Information: | | |  | | | | | | | | | | | | | |
| Service Type & Quantity & Speed: **\* (where applicable)** | | |  | | | | | | | | | | | | | |
| ***\**** *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: | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | |

|  |  |
| --- | --- |
| **Billing Information** | |
| Bill Line 1: |  |
| Bill Line 2: |  |
| Street Address: |  |
| City: |  |
| State: |  |
| Zip: |  |
| Billing Contact Phone Number: |  |
| Billing Contact Email: |  |
| **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: |
| On-Site Telephone Number: |  |
| Floor/Room: |  |
| Telco Demarc/Floor No: |  |
| Primary Technical Name: |  |
| Primary Technical Phone: |  |
| Primary Technical Email: |  |
| Secondary Technical Name: |  |
| Secondary Technical Phone: |  |
| Secondary Technical Email: |  |
| Access Arrangements and/or Additional Comments: |  |

**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 April 20, 2022**