

Please Print Name: \_\_\_\_\_

## **Telegroup DSL Order Form**

Company Name:	ation Site Address.		Contract ID:	
Address:		Suite:		
City:	State:	Zip:		
	State.	Zip.		
Phone Number: Site Location	Email:	Fax:		
1 <sup>st</sup> Contact Name:	Phone Number:			
2 <sup>nd</sup> Contact Name:	Phone Number:			
Customer Billing Account Inf	formation			
Company Name:	ormation.			
Contact Name:				
Billing Address:		Suite:		
City:	State:	2	Zip Code:	
Email Address:	Domain Name:			
Phone:	Agent Name:		Agent #	
Fax:	Agent Email:			
Product /Bandwidth/Speed:		Monthly Fee:	\$	
•		Installation Fee:	\$	
Contract Term:		CPE Unit Fee:	\$	
Hardware CPE Unit:		Additional Email Addresses Fee:	\$	
Comments:		-		
Domain Information:				
Domain Name:				
If Telegroup/PrimusDSL will be hosti NS1.digitalselect.net 216.181.1.2 and	ing the Domain Name, Customer Must Register or Initiate the transf NS2.digitalselect.net 216.181.2.2	er of Domain name	e to PrimusDSL	
	on of Primus Telecommunications, Inc. to order this service at the pon, hardware, partial month use (if any) and the first full month service ation of installation.			
Signature of Acceptance:	Date:			