

# SYNPACT

## Point of Contact Form

Date Form Completed:	
Form Completed by:	
Customer Name:	
Customer Mailing Address:	

<b>Normal Hours of Operation:</b>	<input type="checkbox"/> Normal Business Hours (8am-5pm)
	<input type="checkbox"/> Extended Business Hours (7am-7pm)
	<input type="checkbox"/> 24 Hours a Day/7 Days a Week
	Other please specify:

**Technical Points of Contact:**  
*Synpact will attempt to contact the individuals listed in order, as indicated by you, until initial contact is made. However, in the event of a large-scale outage affecting a significant number of Customers, the Synpact may not be able to contact all affected customers immediately. In this case, you can be assured that the Synpact is actively working to resolve the problem and restore service. Please also note that an email address is required for each individual in your organization that will require advanced notification of possible service affecting outages.*

Contact Information	Order of Contact During Normal Hours of Operation <i>(Please indicate a number from 1 to 4, with 1 being the first person to be contacted.)</i>	Order of Contact Outside of Normal Hours of Operation <i>(Please indicate a number from 1 to 4, with 1 being the first person to be contacted.)</i>
Name: Office Phone: Cell Phone: Personal Email:		
Name: Office Phone: Cell Phone: Personal Email:		
Name: Office Phone: Cell Phone: Personal Email:		
Name: Office Phone: Cell Phone: Personal Email:		

**Scheduled Network Maintenance**  
 The network will require ongoing software and hardware upgrades throughout the year. The current maintenance window is from 12:00 to 5:00 AM, 7 days a week.

Please provide your preferred time window:	
Additional Comments:	

## CUSTOMER CONTACT AUTHORITY

Synpact is committed to protecting the proprietary information (CPNI) you have entrusted to us. Pursuant to FCC rules, effective 12/8/2007, we have implemented policies and procedures designed to better protect your network information against unauthorized access. Please assist us by providing complete contact information for parties authorized to receive information regarding your account.

*"I grant permission to Synpact to provide information to the following individuals for the purpose of servicing my telecommunications account, including: the review of network, service, and billing records; negotiation of service changes; and resolution of network and billing issues that may arise on my account. Identified below are authorized account contacts and their respective authority level for each organizational area within my company. "*

**Account Number:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Authority Levels:**

**R/W/A: (Read/Write/All)** This contact has full authority to request information and place orders on all aspects of the account including bill usage and network configuration.

**R/W/B: (Read/Write/Bill)** This contact has the authority to ask questions about billing issues and request bill related changes on the account such as the billing address.

**R/W/O: (Read/Write/Orders):** This contact can receive information about the network configuration on an account including line type, count, and physical and data configuration. This contact is authorized to place orders on the account including reconfigures, moves, adds, changes, new locations, etc.

**R/O: (Read/Only):** This type of contact is allowed to request and receive information regarding bills, network configuration, and orders, but is not authorized to make changes on accounts or orders.

**R/T: (Read/Trouble)** This authority level is allowed to report trouble on accounts, receive network configuration information in support of resolving trouble on the account.

**Note:** TelePacific may send emails to inform customers of other related services and other information. TelePacific does not sell personal information and personal information is not given to a third party unless authorized by the customer in writing or required pursuant to contracts authorized by law.

<b>ACCOUNT CONTACTS:</b>				<input type="checkbox"/> Do not send marketing emails
<b>PRIMARY ACCOUNT AUTHORITY/ AUTHORIZED SIGNEE</b>				
Name		Title		
Phone		Cell		
Email				
Authority Level	RWA RWB RWO RO RT (circle appropriate authorization level)			
<b>ALTERNATE PRIMARY ACCOUNT AUTHORITY</b>				<input type="checkbox"/> Do not send marketing emails
Name		Title		
Phone		Cell		
Email				
Authority Level	RWA RWB RWO RO RT (circle appropriate authorization level)			
<b>ACCOUNT BILLING CONTACT</b>				<input type="checkbox"/> Do not send marketing emails
Name		Title		
Phone		Cell		
Email		Fax		
Authority Level	RWA RWB RWO RO RT (circle appropriate authorization level)			

# CUSTOMER CONTACT AUTHORITY

<b>ONECENTRAL ADMINISTRATOR</b>		<input type="checkbox"/> Do not send marketing emails	
Name		Title	
Phone		Cell	
Email			
Authority Level	RWA RWB RWO RO RT (circle appropriate authorization level)		
<b>MAIN TECHNICAL CONTACT</b>		<input type="checkbox"/> Do not send marketing emails	
Name		Title	
Phone		Cell	
Email		Fax	
Authority Level	RWA RWB RWO RO RT (circle appropriate authorization level)		
<b>ALTERNATE TECHNICAL CONTACT</b>		<input type="checkbox"/> Do not send marketing emails	
Name		Title	
Phone		Cell	
Email			
Authority Level	RWA RWB RWO RO RT (circle appropriate authorization level)		
<b>MAIN DATA CONTACT/LAN ADMINISTRATOR</b>		<input type="checkbox"/> Do not send marketing emails	
Name		Title	
Phone		Cell	
Email		Fax	
Authority Level	RWA RWB RWO RO RT (circle appropriate authorization level)		
<b>ORDER CONTACTS:</b>			
<b>PRIMARY ORDER PROVISIONING CONTACT</b>		<input type="checkbox"/> SAME AS MAIN TECHNICAL CONTACT <input type="checkbox"/> Do not send marketing emails	
Name		Title	
Phone		Cell	
Email		Fax	
Authority Level	RWA RWB RWO RO RT (circle appropriate authorization level)		
<b>ALTERNATE ORDER PROVISIONING CONTACT</b>		<input type="checkbox"/> Do not send marketing emails	
Name		Title	
Phone		Cell	
Email		Fax	
Authority Level	RWA RWB RWO RO RT (circle appropriate authorization level)		
<b>AFTER HOURS CONTACT</b>		<input type="checkbox"/> Do not send marketing emails	
Name		Title	
Phone		Cell	
Email			
Authority Level	RWA RWB RWO RO RT (circle appropriate authorization level)		

**Mail:** Synpact: 1212 S Victory Blvd, Burbank, CA 91502

**Email:** Scan signed documents and send to: support@synpact.com

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