



# NATIONAL WHITE PAGES LISTING REQUEST

WP-3235  
Rev. 09/04

FORMS MUST BE TYPEWRITTEN

DATE	ORDER DUE DATE	DA	PUB #	DIR #	STATE	DIRECTORY NAME	ISSUE	PAGE NO.	
CMR #	CLIENT #	CLIENT NAME				YPSRL	WPLIST	LOA	NAT'L DIR CLOSE
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



