



## LSR Order Samples

Migration As-Is Business Centrex

REQTYP: PB

ACT: W

Product: Business Centrex Lines Migrating 3 Lines As-Is

| Field                                   | Data Description                   | Field Entry            |
|---|------------------------------------|------------------------|
| <b>Local Service Request Form (LSR)</b> |                                    |                        |
| CCNA                                    | Customer Carrier Name Abbreviation | <ZTK>                  |
| PON                                     | Purchase Order Number              | <Your PON>             |
| VER                                     | Version                            | <01>                   |
| LOCQTY                                  | Location Quantity                  | <001>                  |
| ATN                                     | Account Telephone Number           | <2034420026>           |
| D/TSENT                                 | Date and Time Sent                 | <200706060800>         |
| DDD                                     | Desired Due Date                   | <20070609>             |
| REQTYP                                  | Request Type                       | PB                     |
| ACT                                     | Activity                           | W                      |
| AGAUTH                                  | Agency Authorization Status        | Y                      |
| TOS                                     | Type of Service                    | <1EM->(See Footnote 1) |
| INIT                                    | Initiator Identification           | <Joe Smith>            |
| TEL NO                                  | Telephone Number                   | <8134833525>           |
| <b>End User Form (EU)</b>               |                                    |                        |
| LOCNUM                                  | Location Number                    | <001>                  |
| NAME                                    | End User Name                      | <Best Food Shop>       |
| AFT                                     | Address Format Type                | <N>                    |
| SANO                                    | Service Address Number             | <2001>                 |
| SASN                                    | Service Address Street Name        | <Northwest>            |
| SATH                                    | Service Address Street Type        | <Hwy>                  |
| LD1                                     | Location Designator 1              | <Ste>                  |
| LV1                                     | Location Value 1                   | <202>                  |
| CITY                                    | City                               | <Grapevine>            |
| STATE                                   | State/Province                     | <CT>                   |
| ZIP                                     | Zip/Postal Code                    | <76051>                |
| EATN                                    | Existing Account Telephone Number  | <2034420026>           |
| <b>Footnotes:</b>                       |                                    |                        |
| 1. Utilize Appropriate TOS Value        |                                    |                        |