



WTC TOLL FREE NUMBER ORDER

Company Name _____ Account # _____
Service Address _____
Contact Name _____ Tel. # _____

TOLL FREE NUMBER REQUEST

Customer is responsible for all Toll Free Charges with any new and transferred Toll Free Number.

TOLL FREE NUMBER: _____ ☐ NEW ☐ EXISTING
CONVERSION NUMBER: _____

ACTIVITY: ☐ NEW SERVICE
☐ TRANSFER ☐ FROM BELL
☐ FROM OTHER: _____ (RESP ORG required)
☐ CHANGE
☐ DISCONNECT

DIRECTORY LISTING: ☐ PUBLISH
☐ NON PUBLISH

INTERNET LISTING: ☐ LIST
☐ DO NOT LIST

LISTING NAMES: ☐ CANADA _____
☐ U.S. _____

COVERAGE: ☐ CANADA
☐ CANADA & US
☐ PROVINCE ONLY: _____ (LIST PROVINCE(S))
☐ SPECIFIC AREA CODE(S) ONLY: _____ (LIST CODE(S))

OFFICE USE ONLY

<input type="checkbox"/> 613-108-0442 / WRT6A3 (ILEC)	<input type="checkbox"/> SIF ORDER COMPLETED
<input type="checkbox"/> 613-108-0438 / WRT613	<input type="checkbox"/> CHORDS SUBMITTED
<input type="checkbox"/> 519-198-1157 / WRT519	<input type="checkbox"/> RESP ORG SUBMITTED (IF REQ'D)
<input type="checkbox"/> 905-190-1121 / WRT908	<input type="checkbox"/> AREV

SPECIAL INSTRUCTIONS

Authorized Signature

Date

Please Print Name