

PLEASE TYPE OR PRINT

**SERVICE CONTRACT REGISTRATION**

(SEE ATTACHED INSTRUCTIONS)

1. This Registration is:  Initial  Amendment (Specify change) \_\_\_\_\_  
 Dial-up  Internet-based

## 2. Registrant

\_\_\_\_\_  
Full Legal Name of firm (or individual, if not a firm)

(Doing Business As)

## 3. Address of Home Office

\_\_\_\_\_  
(Number and Street)

( ) Telephone

\_\_\_\_\_  
(Number and Street)

( ) Fax

(City/State/Country) (Federal TIN Number)

E - M a i l  
(optional)

## 4. Billing

Address If Different

\_\_\_\_\_  
(Number and Street)

( ) Telephone

\_\_\_\_\_  
(Number and Street)

( ) Fax

(City/State/Country)

E - M a i l  
(optional)

5. Organization Number (If known) \_\_\_\_\_

6. Registrant Type  VOCC  Tariff Publisher/Agent/Other  
 (Check one)  Agreement  Conference/Joint Service

7. Permissions Requested and Person granted these permissions (Check permissions that apply)

\_\_\_\_\_  
Full Legal Name Maintenance of organization record File Service Contracts

8. Registered for Batch Filing Prior to May 1, 1999? (Y/N) \_\_\_\_ If Yes, show date \_\_\_\_\_

If the person to perform the filing already has an existing Log-on, list only the Log-on for that person.

Existing Log-on \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Official date\_\_\_\_\_  
Print or Type name of Authorized Official

## FMC USE ONLY

Logon \_\_\_\_\_ Initial Password \_\_\_\_\_ ID \_\_\_\_\_ Directory \_\_\_\_\_

DateAsg \_\_\_\_/\_\_\_\_/\_\_\_\_ AsgBy \_\_\_\_\_

3/01