LSR Order Samples

Product: Residence POTS, Disconnect Full Resale Account

Field	Data Description	Field Entry
Local Service Request Form (LSR)		
CCNA	Customer Carrier Name Abbreviation	<ZTK>
PON	Purchase Order Number	<Your PON>
VER	Version	<01>
LOCQTY	Location Quantity	<001>
ATN	Account Telephone Number	<2174420026>
D/TSENT	Date and Time Sent	<200706060800>
DDD	Desired Due Date	<20070609>
REQTYP	Request Type	EB
ACT	Activity	D
AGAUTH	Agency Authorization Status	Y
TOS	Type of Service	<2BF->(See Footnote 1)
INIT	Initiator Identification	<Joe Smith>
TEL NO	Telephone Number	<8134833525>
End User Form (EU)		
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	<IL>
ZIP	Zip/Postal Code	<76051>
EATN	Existing Account Telephone Number	<2174420026>
Footnotes:		
1. Utilize Appropriate TOS Value		