



# TRA Order Request Form

**TELCORDIA® ROUTING ADMINISTRATION (TRA)**  
 Customer Care Center  
 One Telcordia Drive, Room 4A738  
 Piscataway, NJ 08854-4157

Phone: 732-699-6700  
 Toll free: 1-866-NPA-NXXs, (1-866-672-6997)  
 Fax: 732-336-6999  
 website: [www.trainfo.com](http://www.trainfo.com), email: [tra@telcordia.com](mailto:tra@telcordia.com)

☐ **New Order**    ☐ **Change to an existing Order**

**Purchase Order (PO) Number**, if required:

Primary/Ship-To <i>Please type or print clearly below</i>			Bill-To <input type="checkbox"/> Check if same as "Primary/Ship-To"		
Name			Name		
Company			Company		
Title			Title		
Address			Address		
City	State/Prov	Zip/Postal Code	City	State/Prov	Zip/Postal Code
Phone			Phone		
Fax			Fax		
Email			Email		

PRODUCT NAME	DISTRIBUTION			QUOTED PRICE* (Annual)
	FREQUENCY	FORMAT	START MONTH/YEAR	
<b>Subtotal</b>				
<b>Sales/Other Tax**</b>				
<b>Total</b>				

\* Quoted prices are only valid for 90 days from the date noted on the TRA Price Request Form and are exclusive of all applicable taxes.  
 \*\* Applicability of taxes varies due to several factors. Payment of taxes is required unless an appropriate tax exemption certificate is provided. Please contact TRA CCC for tax and total amounts prior to submitting this form for prepaid orders.

☐ **Prepaid By Credit Card:**  
☐ American Express    ☐ MasterCard    ☐ Visa    **Credit Card No:**     **Exp. Date:**

☐ **Prepaid By Check:**  
 • Must be payable in U.S. dollars  
 • Make out to "Telcordia Technologies – TRA"  
 • Mail check along with this TRA Order Request Form to address above.

☐ **Bill Us** (n/a for prepaid products)    ☐ **Annually**    ☐ **Per Distribution Frequency** (incurs a 3% service charge)

Signature of Ship-To Addressee	Date	Signature of Bill-To Addressee	Date
--------------------------------	------	--------------------------------	------

**Signing above indicates acceptance of License Agreement Terms and Conditions provided with this form.**

**\*\*A SIGNATURE IS REQUIRED FOR EACH ADDRESSEE. UNSIGNED FORMS WILL NOT BE PROCESSED\*\***

===== **The section below is to be completed by TRA** =====

Approval No:	Date:	Amount:	Contract No.
Received By:	Date Received	Date Entered	Customer No.