



Customer Contact Information

Date: _____

1-800-862-LYNK
www.cyberlynk.net

T1

Fractional T1

ISDN

BusinessLynk

AIR

Company: _____

Address: _____

Phone No.: () _____ Fax No.: () _____

Business Contact: _____

E-Mail: _____

Technical Contact: _____

E-Mail: _____

Technical Contact: _____

E-Mail: _____

Billing Contact: _____

E-Mail: _____

After-Hours Emergency Contact Information (Please provide pager number(s) and home telephone number(s).)

Contact 1: _____

Pager: () _____ Home: () _____

E-Mail: _____

Contact 2: _____

Pager: () _____ Home: () _____

E-Mail: _____

Maintenance Notifications Should Be Sent To:

First & Last Name: _____

E-Mail: _____

First & Last Name: _____

E-Mail: _____