

**SETUP FORM
INTERCARRIER COMMUNICATION PROCESS
SERVICE CONTRACT (ICP)**

Please submit orders using the email address or fax number below. Questions regarding the initial implementation of this service may be directed to Chris Elijah at (360) 493-6189.

Email: tns_orders@tnsi.com or Fax to 360-923-3459

Reason for submitting this form

1. _____ New _____ Change

General Information

2. Today's Date: _____ Subscriber ID: _____

Customer Name: _____ SPID: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Contact Information

3. Primary Administrative/Implementation Contact for WNP ICP:

Name: _____ Phone: _____

Cell Phone: _____ E-mail: _____

4. Primary Billing Contact for ICP (if different from above):

Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ E-mail: _____

Note: Please allow up to 30 days to configure your SPID in the ICP system.

Trading Partner Information

5. Please complete the following information for each service provider with which you will be testing

Service Provider Name: _____ SPID: _____

Primary Contact: _____

Phone: _____ Fax: _____

Production Start Date: _____

Service Provider Name: _____ SPID: _____

Primary Contact: _____

Phone: _____ Fax: _____

Production Start Date: _____

Service Provider Name: _____ SPID: _____

Primary Contact: _____

Phone: _____ Fax: _____

Production Start Date: _____

Service Provider Name: _____ SPID: _____

Primary Contact: _____

Phone: _____ Fax: _____

Production Start Date: _____

Service Provider Name: _____ SPID: _____

Primary Contact: _____

Phone: _____ Fax: _____

Production Start Date: _____

Instructions for completing the ICP Setup Form

Reason for submitting this form

1. Please indicate if this is a **new** setup or a **change** to previously submitted information.

General Information

2. Today's Date: The date you completed the form.

Subscriber ID: Your TNS-assigned Subscriber ID. If you do not have an ID assigned, leave it blank.

Customer Name: The name of your company.

SPID: The unique 4-digit Service Provider Identification Number

Mailing Address, Phone and Fax: The main address, phone and fax for your company

Contact Information:

3. Primary Administrative/Implementation Contact for WNP ICP: This person will be the primary contact for TNS during the implementation and training of WNP-ICP
4. Primary Billing Contact for WNP ICP: Indicate the person responsible for handling your billing. Include your billing address (if different from general company address), the phone and e-mail address of the individual.
5. Trading Partner Information Provide the requested information for each Trading Partner