

TRA Price/Order Request Customer Profile Form

TruOps Telecom Routing Administration (TRA) iconectiv – TRA CCC 100 Somerset Corp. Blvd. Bridgewater, NJ 08807-2842	Phone: 732-699-6700 Toll free: 1-866-NPA-NXXs, (1-866-672-6997) email: tra@iconectiv.com website: www.trainfo.com
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- Step 1:** Please completely fill out both pages of this TRA Price/Order Request Customer Profile Form and submit it to the TRA Customer Care Center (CCC) via email or mail. Note: TRA products are provided under a License Agreement which, among other things, may impact your intended use of the product. For details regarding license terms, read/download a copy of the License Agreement Terms and Conditions at: <http://www.trainfo.com> or contact the TRA CCC.
- Step 2:** The TRA CCC will return this form with prices added. Prices will not include any applicable taxes.
- Step 3:** Once you receive your pricing information from TRA, if you then wish to order any of the products, fill out a TRA Order Request Form and return it to TRA to complete the processing of your order.

Price Requested-By <i>Please type or print clearly below</i>			Product To Be Used-By <input type="checkbox"/> Check if same as Requested-By		
Name			Name		
Company			Company		
Title			Title		
Address			Address		
City			City		
State/Prov	Zip/Postal Code		State/Prov	Zip/Postal Code	
Phone			Phone		
Fax			Fax		
Email			Email		

Product Name	Distribution Frequency (Check One)		Quoted Price* (To Be Completed by TRA)
	Monthly	Quarterly	

* Quoted Prices are valid for 90 days from the date below and are exclusive of all applicable taxes. Quoted prices are Annual (recurring annual fee for Monthly and Quarterly distribution frequencies).

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

Quoted Prices Provided by: _____ Date: _____
Authorized TRA Customer Care Consultant

Please accurately fill out all three sections on this page. This information is used to determine your pricing band.

1. COMPANY PROFILE INFORMATION

A. Please check the one box that best describes your company:

- Telecommunications Service Provider
 - Utilities Provider (Gas, Electric, Oil, Energy, etc.)
 - Public Administration
 - Educational Services
 - Finance or Insurance
 - Telecommunications Billing Services or Consulting Services*
 - Wholesale or Retail Trade*
 - Manufacturing (Hardware, Software, or other)*
 - Other Type of Industry or Business*
- *Describe Further:

B. Is your company: PUBLIC or PRIVATELY HELD

C. Please provide Parent Company Name, if applicable:

D. Please list the names of all affiliates and their State or Jurisdiction, that will use the product(s):

2. INTENDED USE

A. Briefly summarize the intended use of each product specified on Page 1 of this Price Request Form (continue on a separate sheet if necessary).

B. Will any data from the product(s) specified on Page 1 of this TRA Price Request Form be made available or copied, in whole or in part, for the purpose of distribution to third parties? **NO** **YES**

3. METRICS USED TO DETERMINE LICENSING FEE(S)

A. **Telecommunications Service Providers**, please check all Lines of Business (LOB) that will use the products(s) specified on Page 1 of this Price Request Form and provide the applicable metric quantities.

Line of Business	Metric Description	Metric Quantity
<input type="checkbox"/> Local or Regional Telecom Service	Number of access line equivalents	
<input type="checkbox"/> InterLATA / Long Distance Service	Number of end user customers	
<input type="checkbox"/> Wireless Service	Number of wireless customers	
<input type="checkbox"/> Telecommunications Wholesale	Number of minutes terminated per month	
<input type="checkbox"/> Prepaid or Calling Card	Number of minutes terminated per month	
<input type="checkbox"/> Internet Telephony Service	Number of customers	
<input type="checkbox"/> Cable Telephony Service	Number of customers	
<input type="checkbox"/> Telecom Services Billing (TSB)	Number of bills rendered monthly	
<input type="checkbox"/> Carrier Access Billing (CABS)	Number of associated access lines	

B. **Companies:** Please provide your company's approximate annual revenue. (If the products(s) will only support a portion of the company, enter the adjusted revenue and note it below):

Approximate Annual Revenue: _____ for Entire Company or LOB only

I certify that the information provided on this page is accurate to the best of my knowledge.

Signed: _____

Date: _____