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| **ALLIED TELECOM GROUP, LLC**  **WHOLESALE PARTNER INFORMATION/REGISTRATION FORM**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Company Name: | |  | | | | | | | **Please check the box that applies:** | | | | | | | | | Entity Type: | | Corporation Limited Liability Company Sole Proprietorship Other: (Please Specify) | | | | | | | State of Formation: | |  | | | | | | | Address: | |  | | | | | | | City: |  | | State: |  | | Zip Code: |  | | Telephone #: |  | | | Fax #: | |  | | | FEIN: |  | | | | | | | | Primary **Business** Contact: | |  | | | Phone #: |  | | | Email address: | |  | | | | | | | Primary **Billing** Contact: | |  | | | Phone #: |  | | | Email address: | |  | | | | | | | Primary **Technical** Contact: | |  | | | Phone #: |  | | | Email address: | |  | | | | | | | After Hours Phone #: | |  | | | | | | | After Hours Email: | |  | | | | | | |

***Please submit the following documentation with your completed registration form:***

* Completed and Signed Mutual Non-Disclosure Agreement
* Completed FUSF Certificate (FCC Registration Confirmation and Federal Universal Service Fund)