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| **ALLIED TELECOM GROUP, LLC****WHOLESALE PARTNER INFORMATION/REGISTRATION FORM**

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| --- | --- |
| 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: |       |

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***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)