REQUEST FOR DISCONNECTION

☐ Within lock in period ☐ Otuside Lock in period

ACCOUNT NO:	**DATE:**			
ACCOUNT NAME:	**COMPANY**			
SERVIE ADDRESS:	**ACCTN**		**CONVERGE**	
	CONTACT NO.:			
PREFERRED DATE/TIME OF DISCON:	**TRANSACTION TYPE**			
REASON FOR DISCONNECTION:	**Ext Discon**		**Mainline**	
	No of Extensions for discon:			

COMPUTATION

SURRENDERED EQUIPMENT

CUSTOMER SERVICE UNIT

	PREPARED BY:	**APPROVED BY:**
PRINTED NAME & SIGNATURE OF APPLICANT	NAME:	NAME:
	BRANCH:	POSITION:
DATE:	DATE:	DATE:

BILLING AND RECOVERY

CHECKED BY:	**REVIEWED BY:**	**NOTED BY:**
NAME:	NAME:	NAME:
POSITION:	POSITION:	POSITION:
DATE:	DATE:	DATE:

SPECIAL INSTRUCTIONS

1. ALL ROUTING BOXES MUST BE SIGNED AND DATE STAMPED.
2. INCOMPLETE DATA VOIDS THIS PROCESS.
3. DISTRIBUTION: CSR AND BILLING & RECOVERY