

New Mexico State Rural Universal Service Fund NMSRUSF Registration Form

Company Information:

Company Code: NM-_____ Company Name: _____

Attn.: _____ Tax Identification Number: _____

Contact Name: _____ Contact Title: _____

Street Address: _____ City/ST/Zip: _____

Contact Phone: _____ Contact E-Mail: _____

Certification Docket Number/Date of Certification: _____

Date Business Activity Began in New Mexico: _____

***Use this form to provide Vantage Point Solutions with the specific date your company started business in the State of New Mexico. This should be the date on which your company actively started operations and as a result, received intrastate retail revenues. The start of business date may be different from your "Certification Date".

Primary Communications Business (Please circle one):

LEC CLEC IXC CEL PAG VoIP CAP OSP PAY Other: _____

Authorized Reporting Agent Information:

(Please complete this section if a third party filer reports to the NMSRUSF on behalf of your company)

Agent Company Name: _____ Primary Contact at Agent: _____

Street, Suite, PO Box: _____ City/ State/ Zip: _____

Telephone: _____ E-Mail: _____

Reporting Frequency Election:

<input type="checkbox"/>	Quarterly
<input type="checkbox"/>	Monthly

Company Officer/Agent Name: _____ Signature: _____

*Please submit this form to: Vantage Point Solutions
NMUSF Administration
EMAIL: NMUSF@vantagepnt.com
FAX: 217-698-2715*