

GCEC TELECOM CUSTOMER SERVICE REQUEST FORM

Billing Telephone Number(s):		Date Required:	
CLEC - SPID:			
Billing Name:			
Listing Name (if different):			
Customer Address:			
Apt, Suite or Room LOC:			
City / State / Zip:			
Customer Contact Name:	Telephone Number:		
Please email Customer Service Records (1-20 lines) to:			
GCEC Telecom Name:	GCEC Telecom	Fax Number:	000-000-0000
Email:	CSR@gcetelecom.com		
CLEC Representative:			
Contact Name:	Telephone Number:		