Extension Destination Worksheet

Customer_____ Location (City and/or Street) _____

Total Number of Extensions: _____

Extension #	Extension Name/Person	Physical Location	Phone Type (ATA, T20P)	Email Address
			If no phone, include forwarding #	
	Billing Information			
#of EXT's				
CNAME	**YN**			
E911 DID				
Other Features				
Billing Email		**PW:**		