

# 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:	<b>GCEC Telecom</b>	Fax Number:	<b>000-000-0000</b>
Email:	<b>CSR@gcetelecom.com</b>		
CLEC Representative:			
Contact Name:	Telephone Number:		