**Instructions for Audio Only, Video and Web Conferencing**

**AT&T Conferencing Audio Only**

**New Account Billing Form (NS-101) (06/2020)**

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| --- | --- |
| ***AGENCY APPROVAL*** |  |
| **TC Name** | Telecommunications Coordinator (TC) for agency |
| **TC Approval Date or P.O.** | Date the agency telecommunications coordinator signed the order. List P.O. number, if applicable. |

***AT&T ACCOUNT SETUP***

**Primary Contact for the AT&T Audio Conferencing**

**Name** Person to report any conferencing problems to AT&T

**Email Address** Email for the Primary Contact

**Phone** Ten-digit telephone number of Primary Contact.

***AT&T BILLING ACCOUNT SETUP***

**Customer OCPID** Will be assigned by AT&T on new accounts

**(Billing Account Number)**

**Agency Name** Agency name requesting an account. Include group/unit if applicable.

**Billed to Department Name** Department name to receive the monthly invoice.

**Billing Address or PO Box** Address monthly invoice should be mailed.

**Billing City** City monthly invoice should be mailed.

**Billing State** State monthly invoice should be mailed.

**Billing Zip Code** Zip code monthly invoice should be mailed.

***AGENCY BILLING CONTACT***

**Name** Person at the agency who will receive the bill

**Email Address** Email address of the billing contact

**Telephone** Telephone number of the billing contact

***ONLINE PORTAL ACCESS***

**Name**  Person needing ability to access online billing information

**Email Address** Email address for online contact

**Telephone** Telephone number for online contact