

New Jersey Relay Customer Profile

Last Name:	
First Name and Middle Initial:	
Area Code and Phone Number:	
Street Address:	
City, State, Zip:	

Long Distance Profile:

IntraLATA (in state)	<input type="checkbox"/> Sprint	<input type="checkbox"/> AT&T	<input type="checkbox"/> MCI	<input type="checkbox"/> Other
InterLATA (out of state)	<input type="checkbox"/> Sprint	<input type="checkbox"/> AT&T	<input type="checkbox"/> MCI	<input type="checkbox"/> Other
Preferred Billing Method:	<input type="checkbox"/> Collect			
	<input type="checkbox"/> Third Party:	Phone Number:		
	<input type="checkbox"/> Calling Card:	Calling Card Name:		
		Card Number:		

Outdial Restrictions:

<input type="checkbox"/> Long Distance Calls	<input type="checkbox"/> International	<input type="checkbox"/> 800#	<input type="checkbox"/> 900#	<input type="checkbox"/> Operator Assistance	<input type="checkbox"/> Directory Assistance
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Phone Numbers Profile:

Frequently Dialed Numbers			Emergency Numbers		
	Name	Phone Number		Name	Phone Number
1			1		
2			2		
3			3		
4			4		
5			5		
6			Blocked Numbers		
7			Call Block 1:		
8			Call Block 2:		
9			Call Block 3:		
10			Call Block 4:		
Note: Limit 9 characters per name			Call Block 5:		

Answer Type:	<input type="checkbox"/> TTY	<input type="checkbox"/> Voice	<input type="checkbox"/> VCO	<input type="checkbox"/> HCO
	<input type="checkbox"/> ASCII-300	<input type="checkbox"/> ASCII-1200	<input type="checkbox"/> ASCII-2400	
Language Type:	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> ASL	
Customer Notes:	1.			
	2.			
Note: Limit 76 characters per note	3.			

Reference Number: _____ Signature: _____ Date: _____

When complete please return to: **TRS Customer Service** P.O. Box 29230, Shawnee Mission, KS 66201-9230 **FAX 877-877-3291**