

Information Update Form

North American Numbering Plan (NANP)

Billing and Collection Agent

www.nanpfund.com

Please submit to nanp@welchllp.com

FCC Filer ID:

Company Name:

REQUESTED BY

Name:

Position:

E-mail:

ABOVE FIELDS REQUIRED IN ORDER TO PROCESS REQUEST

COMPANY INFORMATION

Street Address:

City:

State/Province:

ZIP/Postal Code:

Country:

Telephone Number:

CONTACT AND BILLING INFORMATION

Contact Name:

Contact E-mail:

Billing E-mail:

ADD REMOVE

Comments:

I acknowledge that Personally Identifiable Information (PII) is included on this form.

Signature:

Date: