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# TRA Price Request Form

## TELECOM ROUTING ADMINISTRATION (TRA)

Customer Care Center (CCC)  
444 Hoes Lane, Room 1P360  
Piscataway, NJ 08854-4157

Phone: 732-699-6700  
Toll free: 1-866-NPA-NXXs, (1-866-672-6997)  
Fax: 732-699-5080  
website: [www.trainfo.com](http://www.trainfo.com), email: tra@iconectiv.com

- Step 1:** Please completely fill out both pages of this TRA Price Request Form and submit it to the TRA Customer Care Center (CCC) via mail, email or fax. Note: TRA products are provided under a License Agreement which, among other things, may impact your intended use of the product. For details regarding license terms read/download a copy of the License Agreement Terms and Conditions at: <http://www.trainfo.com> or contact the TRA CCC.
- Step 2:** The TRA CCC will return this form with prices added. Prices will not include any applicable taxes.
- Step 3:** Once you receive your pricing information from TRA, if you then wish to order any of the products, fill out a TRA Order Request Form and return it to TRA to complete the processing of your order.

Price Requested-By <i>Please type or print clearly below</i>	Product To Be Used-By <input type="checkbox"/> Check if same as "Requested-By"
Name	Name
Company	Company
Title	Title
Address	Address
City State/Prov Zip/Postal Code	City State/Prov Zip/Postal Code
Phone	Phone
Fax	Fax
Email	Email

Product Name	Distribution Frequency* (Check One)			Distribution Format* (Check One)			Quoted Price **	Prepaid Product Y/N
	Monthly	Quarterly	One Time	CD-Rom	Download	Email		
							To Be Completed by TRA	

\* Distribution frequencies and formats vary by product. Please check the Catalog of Products and Services at [www.trainfo.com](http://www.trainfo.com) or contact the TRA CCC.

\*\* Quoted Prices are valid for 90 days from the date below and are exclusive of all applicable taxes. Quoted prices are either Annual (recurring annual fee for Monthly and Quarterly distribution frequencies) or One-time (Single, one-time fee for a single issuance of a product).

===== The section below is to be completed by TRA =====

Quoted Prices Provided by: \_\_\_\_\_  
Authorized TRA Customer Care Consultant

Date: \_\_\_\_\_

Please accurately fill out all three sections on this page. This information is used to determine your pricing band.

**1. COMPANY PROFILE INFORMATION**

A. Please check the one box that *best* describes your company:

- Telecommunications Service Provider
  - Utilities Provider (Gas, Electric, Oil, Energy, etc.)
  - Public Administration
  - Educational Services
  - Finance or Insurance
  - Telecommunications Billing Services or Consulting Services\*
  - Wholesale or Retail Trade\*
  - Manufacturing (Hardware, Software, or other)\*
  - Other Type of Industry or Business\*
- \*Describe Further: \_\_\_\_\_

B. Is your company: PUBLIC  or PRIVATELY HELD

C. Please provide Parent Company Name, if applicable: \_\_\_\_\_

D. Please list the names of all affiliates and their State or Jurisdiction, that will use the product(s):  
\_\_\_\_\_

**2. INTENDED USE**

A. Briefly summarize the intended use of each product specified on Page 1 of this Price Request Form (continue on a separate sheet if necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Will any data from the product(s) specified on Page 1 of this TRA Price Request Form be made available or copied, in whole or in part, for the purpose of distribution to third parties? NO  YES

**3. METRICS USED TO DETERMINE LICENSING FEE(S)**

A. **Telecommunications Service Providers**, please check all Lines of Business (LOB) that will use the products(s) specified on Page 1 of this Price Request Form and provide the applicable metric quantities.

Line of Business	Metric Description	Metric Quantity
<input type="checkbox"/> Local or Regional Telecom Service	Number of access line equivalents	
<input type="checkbox"/> InterLATA / Long Distance Service	Number of end user customers	
<input type="checkbox"/> Wireless Service	Number of wireless customers	
<input type="checkbox"/> Telecommunications Wholesale	Number of minutes terminated per month	
<input type="checkbox"/> Prepaid or Calling Card	Number of minutes terminated per month	
<input type="checkbox"/> Internet Telephony Service	Number of customers	
<input type="checkbox"/> Cable Telephony Service	Number of customers	
<input type="checkbox"/> Telecom Services Billing (TSB)	Number of bills rendered monthly	
<input type="checkbox"/> Carrier Access Billing (CABS)	Number of associated access lines	

B. **All Other Companies**, please provide your company's approximate annual revenue. (If the products(s) will only support a portion of the company, enter the adjusted revenue and note it below):

Approximate Annual Revenue: \_\_\_\_\_ for  Entire Company or  LOB only

I certify that the information provided on this page is accurate to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_