

Bestellung Primärmultiplexanschlussleitung

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|---------------------|----------------------|--------------------|--------------------------|
| Auftraggeber | Netzbetreiberkennung | Stornierung | <input type="checkbox"/> |
| Name | | | |

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|---|-----------|-------|--------|---------------|
| Angaben zu (NB für Netzschaltung) | Name | KUNDE | | |
| | Kundennr. | | | Auftragsdatum |
| PLZ | | Ort | | |
| Ansprechpartner | | | Stelle | |
| Tel | | | Fax | |
| ggf. Referenznr. KUNDE intern | | | | |

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|----------------------------|--|------------|---------|--|
| Angaben zu Endkunde | | bis.Rufnr. | | |
| Name/Fa | | | Vorname | |
| Straße | | | Hausnr. | |
| PLZ | | Ort | | |
| Lage der 1. TAE | | | | |

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|-----------------------|------|--|---------|--------|--|
| Vormieterdaten | ONKZ | | | Rufnr. | |
| Name/Fa | | | Vorname | | |

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|--|-------------------------------------|------|--|-----|--------|--|
| Kopplung | <input type="checkbox"/> Portierung | ONKZ | | | Rufnr. | |
| <input type="checkbox"/> PMx-Kündigung | Vertragsnr. | | | LBZ | | |

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|--|-----------------------------------|--------------------------|--------------------------|-----------------------------|-------------------------------|
| Beauftragte Variante | gewünschter Bereitstellungstermin | | | | |
| <input type="checkbox"/> Primärmultiplexanschlussleitung | Übertragungsverfahren | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Ressourcenprüfung bei einem anderen Wettbewerber durchführen | | | | <input type="checkbox"/> ja | <input type="checkbox"/> nein |

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|------------------------------------|------|-----|---------|-----|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Angaben zum HVt-Standort | ONKZ | | | AsB | | | | | | | | | | | | | | | | | |
| Straße | | | Hausnr. | | | | | | | | | | | | | | | | | | |
| PLZ | | Ort | | | | | | | | | | | | | | | | | | | |
| Schaltangaben zum ÜVt/Schaltnummer | | | | DA1 | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> | | | | | | | | | | | | | | | | |
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| | | | | DA2 | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> | | | | | | | | | | | | | | | | |
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| Sonstige | | | | | |
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|---|------|--|--|--------|--|
| Rückrufnr. Endkunde | ONKZ | | | Rufnr. | |
| ggf. Alternativprodukt (von Telekom auszufüllen) | | | | | |
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|----------------------------|--|------------------------------|-------------------------------|-------------------------------|--------------------------------|------------------------------|------------------------------|------------------------------|
| Telekom Rückmeldung | <input type="checkbox"/> Storno ausgeführt | <input type="checkbox"/> SON | <input type="checkbox"/> ASBF | <input type="checkbox"/> SCHF | <input type="checkbox"/> B100% | <input type="checkbox"/> HNM | <input type="checkbox"/> GNV | <input type="checkbox"/> DAB |
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