Please fill out the form in its entirety; all of the information is required. Please E-mail completed form to: **telecom.solutions@dir.texas.gov**

*You may tab from one field to the next.*

### General Information

|  |  |
| --- | --- |
| Agency or Organization Name: |       |
| Agency Contact (Full name): |       |
| Complete Mailing Address: |       |
|  | (Street/PO Box) |
|  |      ,             |
|  |  (City), (State) (Zip) |
| Contact Telephone Number(with area code): | (   )    -      |  |  |
| Main Agency Telephone Number: | (   )    -      |  |

### TEX-AN Eligibility

The Texas Agency Network (TEX-AN) for Communications Technologies, is provided to all state agencies and offered to political subdivisions and assistance organizations. Political subdivisions include public schools, public libraries, public hospitals, city and county governments.

Texas Comptroller of Public Accounts Taxpayer Identification Number:

|  |  |
| --- | --- |
| Eligibility for TEX-AN information: |       |

### Contacts

**Contracting Services**

|  |  |
| --- | --- |
| Name: |       |
| Title: |       |
| Address: |       |
|  | (Street/PO Box) |
|  |      ,              |
|  |  (City), (State) (Zip) |
| Telephone Number: | (   )    -      |  |
| E-mail: |       |

**Accounts Payable**

Please note that monthly TEX-AN invoices are obtained from the DIR Invoice Retrieval Web site and you will receive an e-mail from DIR with your login and password information. **Please inform DIR of any changes in personnel by emailing** **newtelecombilling@dir.texas.gov****.**

|  |  |
| --- | --- |
| Name: |       |
| Title: |       |
| Address: |       |
|  | (Street/PO Box) |
|  |      ,              |
|  |  (City), (State) (Zip) |
| Telephone Number: | (   )    -      |  |
| E-mail: |       |

|  |  |
| --- | --- |
| Second AP Name: |       |
| Title: |       |
| Address: |       |
|  | (Street/PO Box) |
|  |      ,              |
|  |  (City), (State) (Zip) |
| Telephone Number: | (   )    -      |  |
| E-mail: |       |

**Authorized Ordering Representative**

This is the individual (s) who will be placing orders on your behalf.

Please note that if you want a Vendor to place orders on your behalf, a Letter of Agency must be executed and provided to DIR.

|  |  |
| --- | --- |
| Name: |       |
| Title: |       |
| Address: |       |
|  | (Street/PO Box) |
|  |      ,              |
|  |  (City), (State) (Zip) |
| Telephone Number: | (   )    -      |
| E-mail: |       |

Please provide information as to what TEX-AN services you are interested in:

***Please note: All non-state customers are required to sign a DIR Service Agreement prior to ordering service.***

Important DIR contact information:

newtelecombilling@dir.texas.gov Invoice retrieval information

Telecom.solutions@dir.texas.gov Orders mailbox

Telebilling@dir.texas.gov Billing Questions

Texan-L-subscribe-request@dillo.capnet.state.tx.us TEX-AN List Service – to receive information about TEX-AN

# DIR Network Operations Center (NOC) Help Desk – TEX-AN

# ****Call****: 877-472-4848 option 2 or ****512-475-2432**** (within the Austin area)

# ****Hours of Operation for the DIR**** NOC**:**  Monday thru Friday from 7:30 am – 05:30 pm.