**Mailing Address**

3 Civic Center Plaza, Suite 204

Mankato, MN 56001

612-877-6500

**PORT ORDER FORM**

**Company Name:** Click or tap here to enter text.

**Peering Contact Email Address:** Click or tap here to enter text.

**Billing Contact Email Address:** Click or tap here to enter text.

**Federal Tax ID:** Click or tap here to enter text.

**Port Type:** Choose an item.

**Port Quantity:** Choose an item.

**If you are connecting via a remote switch, select which one:** Choose an item.

*If no selection is made, it is assumed you are connecting directly to the MICE Core switch.*

**ASN(s):** Click or tap here to enter text.

**Route Server Support:** Choose an item.

**BFD Support:** Choose an item.

**PARTICIPANT MICE**

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Click or tap here to enter text. Printed Name Click or tap here to enter text.

Title Click or tap here to enter text. Title Click or tap here to enter text.

Date Click or tap here to enter text. Date Click or tap here to enter text.

Information on port fees can be found here: <http://micemn.net/services.html>

**FOR MICE USE ONLY**

Billing Effective Date\_\_\_\_\_\_\_\_\_\_\_\_\_