

WITS2001 Direct Bill Application

If you are a DoD WITS2001 customer and you would like to receive your WITS2001 monthly bill via the Direct Bill Payment option, please provide all information requested on this form. Completed forms should be faxed to GSA at 202-708-0034 and to the DTS-W WITS Liaison Team at 703-696-8415. If you have questions, please contact your Verizon Representative at the Verizon Customer Service Center (CSC) on 1-800-381-3444.

DoD WITS2001 DIRECT BILL APPLICATION

**BILLING ACCOUNT CODE(s)
(BAC)** _____

CURRENT BAN(s) _____

1. Official Billing Agency Name _____

(No Acronyms)

2. Location Group Numbers _____

(List All Location Groups associated with this Billing Account Code)

**3. Telecommunications Service
Control Officer(s) (TSCO)** _____

Name _____

**Telephone
No.** _____

Email address _____

Fax No. _____

4. Contact Names for Billing: _____

A. Name _____

Title _____

Telephone No. _____

Fax No. _____

Email address _____

B. Name _____

Title _____

Telephone No. _____

Fax No. _____

Email address _____

Signature: _____ Date: _____

5. Direct Bill - Web Invoice Viewer (WIn)

Access to WIn will be authorized by completing the [Bill@once WIn Access Application](#). One access form must be completed for each government employee requesting access.

6. Media Requirements

For each Billing Account Number a text type electronic version of your invoice is available either in an image format or an ASCII flat file. Please designate how many copies you would like in the following formats: **Image** _____ **ASCII** _____

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7. Delivery Options

For each mailing address, your media options can be sent via CD-ROM or via FTP (File Transfer Protocol) to a designated server. Please indicate your delivery options below.

CD-ROM _____ **FTP** _____
(IP address)

8. Mailing Addresses for CD-ROMs (Signature required upon receipt)

Provide the complete mailing address for each copy of the CD-ROM media option above.

Official Billing Agency Name _____
(20 characters)
Billing Agency Responsible Party - **ATTN** _____
(20 characters)
Billing Agency Address _____
(43 characters)
Room Number/Floor _____
(20 characters)
City/State _____ Zip Code _____
(15 characters) (9 characters)

9. Payment Arrangements for Invoice – Two Options

Payment will be made by the Agency directly to Verizon via EFT or credit card .

- EFT – Complete the **Standard Form 3881** and submit to GSA attached to this application or fax directly to Verizon on 202-392-0426.
- Credit Card – Make a verbal request to the CSC Billing Center on 1-800-381-3444.

10. Credit Card Payment for Service Orders

- Charges associated with a Service Order can be paid via credit card by following the documented process from the Help screen in [Service@once](#).

11. Special Instructions:

Have you had [Service@once](#) Training? Yes No

If not, please call the DTS-W Customer Care Center at 703-697-2193.