

IX Participant Information Request Form

Required information in bold

Company / Organization Name: _____
 Company Type (i.e. Corp, LLC, etc): _____
 State of Incorporation/Organization: _____
 DBA (if any): _____
 (As registered with the State)



<http://stl-rix.net/>

	Authorized Signer	Billing Contact	Technical Contact
Name			
Title			
Phone			
Email			

NOC & Peering Information	
NOC Phone	
NOC Email	
NOC Hours	
Peering Email	
Peering Phone	

Billing Information	
Name	
Address	
Address 2	
City, State, Zip	
Country	
Email	

Invoice Preference (*check one*) Email only Paper only Both Email and Paper

Install Details		
Facility (circle one)	210 N Tucker	900 Walnut
Location / Suite		
Cabinet ID		
Patch Panel ID		
Port Designator(s)		
Site Contact Name		
Site Contact Phone / Email		

Requested Start Date _____ PO Required _____ Y / N _____

Connection Details

Per Netrality Properties policy, all cross-connects in 210 N Tucker and 900 Walnut must be in the meet-me room. STL-RIX maintains single-mode fiber w/ LC connectors patch panels in each meet-me room.

Requested Port Type: _____ 10GBASE-LR _____ 1000BASE-LX/LX10/LH

If you wish to connect multiple ports, please contact us for options.

Your ASN: _____ Max Prefixes: _____

MD5 auth on BGP sessions: _____ No _____ Yes _____ Preferred

PeeringDB link: _____ (we encourage you to tell us later if you don't have it now!)

Peering Policy: _____ Open _____ Selective _____ Closed

IRR as-set / aut-num	IRR route object	IRR route6 object	IRRDB Source (eg ARIN)

The following info only necessary if not using an IRR:

Downstream ASNs: _____

Prefixes to be announced:

Form completed by:

Name: _____ Title: _____ Date: _____