



INTERCONNECT FORM

Carrier Name:	Breezecom FZC	Carrier Name:	
Point of Presence:	New York	Point of Presence:	
Website Address:	www.breezecom.ae	Website Address:	
Technical (NOC) Contacts:		Technical (NOC) Contacts:	
	Final Escalation		
Name:		Name:	
Position:		Position:	
Telephone:		Telephone:	
Mobile:		Mobile:	
Fax:		Fax:	
Email:		Email:	
MSN ID:		MSN ID:	
CC:		CC:	
	Fourth Escalation		
Name:		Name:	
Position:		Position:	
Telephone:		Telephone:	
Mobile:		Mobile:	
Fax:		Fax:	
Email:		Email:	
MSN ID:		MSN ID:	
CC:		CC:	
Name:	Third Escalation	Name:	
Position:		Position:	
Telephone:		Telephone:	
Mobile:		Mobile:	

Fax:		Fax:	
Email:		Email:	
MSN ID:		MSN ID:	
CC:		CC:	
	Second Escalation	Name:	
Name:		Position:	
Position:		Telephone:	
Telephone:		Mobile:	
Mobile:		Fax:	
Fax:		Email:	
Email:		MSN ID:	
MSN ID:		CC:	
CC:			
	First Escalation		
Name:		Name:	
Availability		Position:	
Telephone:		Telephone:	
Telephone:		Mobile:	
Fax:		Fax:	
Email:		Email:	
MSN ID:		MSN ID:	
CC:		CC:	
Equipment Details:		Equipment Details:	
Manufacturer:		Manufacturer:	
Signaling IP:		Signalling IP:	
Media IP:		Media IP:	
Codecs:		Codecs:	
Protocol:		Protocol:	
Preferred Codec:		Preferred Codec:	
Preferred Protocol:		Preferred Protocol:	
Prefix:		Prefix:	
Dial pattern:		Dial pattern:	