

EXHIBIT 2

Form SW-9902

FORM SW-9902 (REV. 7-61)

SOUTHWESTERN BELL TELEPHONE COMPANY
Authorization for Standard Form

Form No. _____
Date of origin or revision _____

TAB CARD CONTINUOUS TABULATING SNAPOUT
 CHANGE IN METHOD OF ORDERING CHANGE IN ANNUAL USAGE REVISION NEW FORM

IF SEASONAL—WHEN ORDERED: _____ ORIGINATED BY: _____

TITLE USAGE SERVICE **TITLE OF FORM:** _____

ORDERING CODE _____ AREA CHARGEABLE _____ ACCOUNT CHARGEABLE _____
APPROXIMATE ANNUAL USAGE _____ INITIAL SUPPLY _____ WILL LAST _____
REVISIONS: Frequent Infrequent NO. OF ORDERING LOCATIONS _____ NO. OF ORDERS PER YEAR _____
ORDERING QUANTITY: Maximum _____ Minimum _____
SUPERSEDES FORM _____ STOP PRINT: Continue Cancel after _____
SERVICE: Regular Special _____ days (Invertims. OLD STOCK): Use up Junk: after _____

Part No.	FINISHED SIZE *				PAPER			CARBON		
	WIDTH	DEPTH	GRADE	WT	COLOR	WIDTH	COLOR	KIND OR NUMBER		
1										
2										
3										
4										
5										
6										
7										
8										
9										

* Size does not include Holes on business forms.

Part No.	Sides	COLOR OF INK		TURN		PRINTING	MARGINALLY PUNCHED		USED ON:	
		FRONT	BACK	A	D		T	S	Right	Left side of Form
1										
2										
3										
4										
5										
6										
7										
8										
9										

PRINTING **TAB & SNAPOUT FORMS**

Punched Option Direct (Rubber) Dry Offset Offset Letterpress Number Blank Red

MARGINALLY PUNCHED **USED ON:**

Right Left side of Form L.E.M. Type
 Right Left side of Carbon Cont. Typewriter
 Right Left side of Form Teletype
 Right Left side of Carbon Duplityper

VERTICAL PERF. Half of Form

HORIZ. PERF. every _____ in. Form Carbon

FASTENING: Staple Right Left Corner
 Crimp Glue Right Left Loose

DELEAVING: Manual Serrated Machine

BURSTING: Manual Serrated

PUNCHING other than Pinfeed Right Bottom Left Top

NO. OF HOLES **SIZE** **STYLE** **CENTERS:** Fold & Flat Part _____ Days or every _____ Inches

SNAPOUT STUB: Right Left Top Bottom

DELEAVING MARGIN: _____ Inches

PACKING **FORMS, SETS PER UNIT** _____ WRAP BAND
UNITS PER PACKAGE _____ CARTON
 PACK FOR HIGHSPEED PRINTER. CARTON OF _____

REMARKS:

F.C.C. ITEM NO. _____
RETENTION PERIOD _____

TAB CARDS

Plate No: Form _____ Reverse _____
Edge coated Yes No Blank Direct
Corner cut—(Position) _____
Stripe Color— _____
Stripe Position— _____
 Pre Punch Pre Number Score
 Indicate each 100 in box

FOR USE OF WESTERN ELECTRIC CO.
SUPPLIER: _____

Selling Price Direct Ship. Per M _____
Selling Price Stock Ship. Per M _____

Authorization No. _____ Approved _____ 19____

AUTHORIZED BY: _____

HOLD DESTROY

Existing media: _____

F as Furnished Master Piece _____
N as Make new Master Copy _____
C as Change or patch Type Name _____

Recommended Initials _____
W.E. Co. Stock: Regular— _____

SUPPLIERS AUTHORIZED STOCK

KIND	FRONT			BACK		
	F	N	C	F	N	C

Auth. Stock L.d. Auth. Stock Job Lot Stk. Job Lot

Stationery Requirements Supervisor _____ Date _____

EXHIBIT 3

Form SW-9903

SOUTHWESTERN BELL TELEPHONE COMPANY
Special Authorization for Standard Form Number
for Printing and Catalog Listing Only

Form No. _____
 Date of origin or revision _____

TAB CARD CONTINUOUS TABULATING SNAFOUT
 CHANGE IN METHOD OF ORDERING CHANGE IN ANNUAL USAGE REVISION NEW FORM
 IF SEASONAL — WHEN ORDERED: _____ ORIGINATED BY: _____

TITLE USAGE AND ACCOUNT CHARGEABLE **TITLE OF FORM:** _____

SPECIAL ORDERING CODE _____ **AREA CHARGEABLE** _____ **ACCOUNT CHARGEABLE** _____

APPROXIMATE ANNUAL USAGE _____

ORDERING QUANTITY: Maximum _____ Minimum _____

SUPERSEDES FORM _____

SERVICE: Regular Special _____ days Overtime.

SIZE, PAPER & No.	Part No.	FINISHED SIZE*		PAPER				CARBON		
		WIDTH	DEPTH	GRADE	WT	COLOR	WIDTH	COLOR	KIND OR NUMBER	
CARBON	1									
	2									
	3									
	4									
	5									
	6									
	7									
	8									
	9									

*Size does not include Stub on Snafout forms.

PRINTING	Part No.	Sides	COLOR OF INK		Two Sides		TURN		PRINTING
			FRONT	BACK	A	D	B	T	
	1								<input type="checkbox"/> Printer
	2								<input type="checkbox"/> Offset
	3								<input type="checkbox"/> Direct (Rubber)
	4								<input type="checkbox"/> Dry Offset
	5								<input type="checkbox"/> Other
	6								<input type="checkbox"/> Letterpress
	7								<input type="checkbox"/> Number
	8								<input type="checkbox"/> Blank
	9								<input type="checkbox"/> Red

PUNCHING other than Pinfeed	Right	Bottom	NO. OF HOLES	SIZE	STYLE	CUTTERS	MARGINALLY PUNCHED		USED ON:	
							Right	Left side of Form	I.E.M. Type	Coat. Typewriter
	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FASTENING:	Staple	Right	Left	Corner	L-Loop	DELEAVING:		BURSTING:	Manual	Snafout	Machine
						Manual	Machine				
	<input type="checkbox"/>										
	<input type="checkbox"/>										
	<input type="checkbox"/>										
	<input type="checkbox"/>										
	<input type="checkbox"/>										

PUNCHING other than Pinfeed	Right	Bottom	NO. OF HOLES	SIZE	STYLE	CUTTERS	FOLD & Flat Pack		SNAPOUT STUB:	Right	Left	Top	Bottom	DELEAVING MARGIN:
							Deep or every	Inches						
	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>							

PACKING	FORMS, SETS PER UNIT	WRAP	BAND	UNITS PER PACKAGE	CARTON	PACK FOR HISPEED PRINTER. CARTON OF	TAB CARDS	
							Plate No: Form	Reverses
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS:

SUPPLIER _____

F.C.C. ITEM NO. _____
RETENTION PERIOD _____

Authorization No. _____ Approved _____ 19____
AUTHORIZED BY: _____

Title _____

EXHIBIT 4

FORM SW-9936

FORM SW-9936
(4-63)

ORDER TO STOP PRINTING _____ FORM NO. _____
 CANCELLATION OF STOP PRINT ORDER _____

TITLE OF FORM: _____

AUTHORIZATION NO. _____ Date of Origin or Revision _____

CANCELLATION OF STOP PRINT ORDER
 TO PRINTING AND STATIONERY SUPERVISOR
 Cancel Order To Stop Printing, dated _____

Signed _____ Title _____ Date _____

TO WESTERN ELECTRIC COMPANY
 Please cancel order to stop printing.
 Dated _____ 19__ Date _____

Signed _____ Stationery Requirements Supervisor

TO PRINTER
 Please cancel order to stop printing.
 Dated _____ 19__ Date _____

Signed _____ Western Electric Co.

Actual requested above has been taken.

Signed _____ For W. E. Co.

Signed _____ For Printer

REMARKS: _____

ORDER TO STOP PRINTING

TO PRINTING AND STATIONERY SUPERVISOR
 Please stop printing until further notice.
 Report the quantity of this form on hand.

Signed _____ Title _____ Date _____

TO WESTERN ELECTRIC COMPANY
 Please stop printing until further notice.
 Show below quantity of this form on hand.

Signed _____ Stationery Requirements Supervisor

TO PRINTER
 Please stop printing until further notice.
 Show below the quantity of this form on hand including any special size paper being carried for this form only.

Signed _____ Western Electric Company

TO STATIONERY SUPERVISOR

FORMS ON HAND AT QUANTITY PRICE VALUE
 W. E. Co. _____
 On Hand _____
 Supplier: In Progress _____
 TOTAL _____

ACTUAL USAGE OF FORM
 19__ 19__ 19__
 months months months

SPECIAL GRADE OR SIZE PAPER ON HAND
 SIZE SIZE WGT. MAKE & COLOR

Standard Size Paper Can be used.
 Special Size Paper Exclusive for this form.

QUANTITY ON HAND PRICE LB. TOTAL VALUE
 RM.

Approx. annual usage of special _____ LBS.
 paper for this form _____ RM.

Signed _____ For Printer Date _____

Signed _____ For Western Electric Co. Date _____

TO _____
 If form is to be discontinued issue Form SW-9935. In case of a
 revision issue authorization on Form S-4901 or SW-9902.

Signed _____ Stationery Requirements Supervisor Date _____

EXHIBIT 5

Form SW-9938

ORDER TO CANCEL FORM NO. _____	
FORM SW-9938 (4-42)	
Title of Form: _____	
Authorization No. _____	Date of Origin or Revision _____
REMARKS	ORDER TO CANCEL FORM
	TO PRINTING AND STATIONERY SUPERVISOR
	<input type="checkbox"/> Disburse stock on hand until exhausted.
	<input type="checkbox"/> Destroy stock on hand. Charge acct. _____
	<input type="checkbox"/> Dispose of stock as indicated under remarks.
	<input type="checkbox"/> Destroy master plate, composition, or master copy.
	<input type="checkbox"/> Hold master plate, composition, or master copy.
	<input type="checkbox"/> To be replaced by Form No. _____
	Signed _____ Title _____ Date _____
	TO WESTERN ELECTRIC COMPANY Please take action indicated above.
	Signed _____ Date _____ Stationery Requirements Supervisor
	TO PRINTER Please take action indicated above.
	Signed _____ Date _____ Western Electric Co.
	TO WESTERN ELECTRIC COMPANY Action indicated above has been taken.
	Signed _____ Date _____ Printer
	TO STATIONERY SUPERVISOR Action indicated above has been taken.
	Signed _____ Date _____ Western Electric Co.
	TO _____
	<input type="checkbox"/> Form has been cancelled.
	<input type="checkbox"/> Authorization for replacing form has not been received.
	Signed _____ Date _____ Stationery Requirements Supervisor