



SUBSCRIBER APPLICATION

Please print and complete application and return via:
 FAX : 907-424-2301 or Email: cwc2@ctcak.net

FIRST NAME: _____ **MI** _____ **LAST NAME** _____

SOCIAL SECURITY # _____ **DRIVERS LICENCE # & STATE** _____

HOME PHONE# _____ **WORK PHONE#** _____ **EMPLOYER Name & Address** _____

CO-APPLICANT / SPOUSE
FIRST NAME: _____ **MI** _____ **LAST NAME** _____

CO-APPLICANT / SPOUSE WORK PHONE# _____ **EMPLOYER** _____

HOME ADDRESS _____

BILLING ADDRESS _____ **EMAIL** _____

BUSINESS NAME _____ **PHONE #** _____

BILLING ADDRESS _____

DEPARTMENT NAME and / or AUTHORIZED PERSON(s) _____

BUSINESS REFERENCES (List two, include name, address and phone number)

TAX EXEMPT # _____ **FED ID#** _____ **or SS#** _____

Credit Card Auto Pay: Yes ___ **No** ___ **VISA / MASTERCARD** _____ **EXP** _____

Credit Card Signature _____

Your signature allows us to verify your credit and confirms that you understand the terms & conditions of your service agreement.

SIGNATURE _____ **Date** _____

BELOW IS FOR OFFICE USE ONLY

Credit Check: A ___ B ___ C ___ D ___ **DEPOSIT AMOUNT** _____ **ACTIVATION FEE \$** _____ **AGENT** _____

AGREEMENT 24 mos ___ 12 mos ___ 6 mos ___ Monthly ___ **EXPIRATION DATE:** _____ **SERVICE PLAN** _____ **RATE** _____

CELLULAR # 429	NAME: _____	BSN# _____	PHONE TYPE _____	NEW ___	C OAM _____
CELLULAR # 429	NAME: _____	BSN# _____	PHONE TYPE _____	NEW ___	C OAM _____
CELLULAR # 429	NAME: _____	BSN# _____	PHONE TYPE _____	NEW ___	C OAM _____
CELLULAR # 429	NAME: _____	BSN# _____	PHONE TYPE _____	NEW ___	C OAM _____
CELLULAR # 429	NAME: _____	BSN# _____	PHONE TYPE _____	NEW ___	C OAM _____
CELLULAR # 429	NAME: _____	BSN# _____	PHONE TYPE _____	NEW ___	C OAM _____

SWITCH ___ **QB Acct#** _____ **Deposit OCC** _____ **ACCOUNT#** _____

SUB ___ **Contract** ___ **ESN** ___ **Plan** ___ **Features** ___ **Comments** ___ **Inventory** ___ **OCC** ___ **Phone** ___ **Accessories** ___ **Deposit** ___ **Activatton Fee** ___ **LIST** _____