



Cordova Wireless Communications, Inc.
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SUBSCRIBER APPLICATION

FIRST NAME: _____ MI _____ LAST NAME _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____

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

BILLING ADDRESS _____ EMAIL _____

BUSINESS NAME _____ PHONE # _____

Business Billing Address _____

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

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

CPNI:

Persons Authorized to make changes to the account: _____

Password: _____ (can be letters, numbers, anything you want, but must be legible)

Question (circle one): What is your favorite pets name or your favorite color? Answer: _____

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

Credit Card Signature _____ Security Code _____

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

SIGNATURE _____ Date _____

Credit Check: A ___ B ___ C ___ D ___ DEPOSIT AMOUNT _____ CONTRACT 12mo ___ 24mo ___ 36mo ___ EXPIRATION DATE: _____

SERVICE PLAN _____ RATE _____ ADDL _____ RATE _____ ADDL _____ RATE _____ ADDL _____ RATE _____

CELL # _____ NAME: _____ ESN# _____ PHONE _____ COST _____ C OAM _____

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IEMI# _____ MACC ACCOUNT# _____ CPNI _____

QB ___ Deposit ___ Contract ___ ESN ___ Plan ___ Features ___ Comments ___ Inventory ___ OCC's deposit ___ Phone ___ Accessories ___ Customer List ___

Miscellaneous Notes: _____