

APPLICATION FOR SERVICES

PO Box 96, Plainfield WI 54966 715-335-6301 - www.uniontel.net

CUCTOMED INCODMATION AND INCOD		O ANN TURIS BARTIES
CUSTOMER INFORMATION ALL INFOR		
APPLICANT:		
DRIVERS LIC#:		
SOCIAL SECURITY #:		
DATE OF BIRTH:		
EMAIL:		
CELL/HOME #:		
NAME OF EMPLOYER:		
WORK #:		
SERVICE ADDRESS:		
BILLING ADDRESS (IF DIFFERENT):		
LOCATION: VILLAGE OF	OR TOWNSHIP OF	
OWN RENT LANDLORD'S NAME:	LANDLORD'S #:	
PIN OR PASSWORD FOR YOUR ACCOUNT:	COUNT SECURITY	
PIN OR PASSWORD FOR YOUR ACCOUNT: SECURITY QUESTION—PROVIDE ANSWER TO ONE QUESTION—PROVIDE ANSWER TO ONE QUESTION—PROVIDE ANSWER TO ONE QUESTION OF YOUR BEST FRIEND: WHEN IS YOUR ANNIVERSARY: WHERE DID YOU GO TO ELEMENTARY SCHOOL:	ESTION: WHAT STREET DID YOU GROW U FAVORITE PETS NAME: HIGH SCHOOL MA	P ON:
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PIN OR PASSWORD FOR YOUR ACCOUNT:	ESTION: WHAT STREET DID YOU GROW U FAVORITE PETS NAME: HIGH SCHOOL MADE EPHONE SERVICE EAR IN THE TELEPHONE DIRECTORY NON-LIST TIONAL SERVICES VOICEMAIL—INCLUDED IN BASE SERVICE //ICE YES NO	SCOT:
PIN OR PASSWORD FOR YOUR ACCOUNT:	ESTION: WHAT STREET DID YOU GROW U FAVORITE PETS NAME: HIGH SCHOOL MADE EPHONE SERVICE EAR IN THE TELEPHONE DIRECTORY NON-LIST TIONAL SERVICES VOICEMAIL—INCLUDED IN BASE SERVICE //ICE YES NO JTER PASSWORD(MIN 8 CHARATERS):	SCOT: NON-PUBLISHED CE YES NO

A/C # : _____ PHONE# : _____ ADV ____ DATE: ____ CSR INITIALS_____