



Amherst COMMUNICATIONS

APPLICATION FOR BUSINESS SERVICES

Remit form in person or by mail to: 100 West North St., PO Box 96, Plainfield, WI

CUSTOMER INFO

Business Name: _____ Tax ID: _____
 Owner/Guarantor: _____
 Owner/Guarantor: _____
 Social Security #: _____ Drivers Lic #: _____
 Date of Birth: _____ Email: _____
 Cell/Home Phone #: _____ Work #: _____
 Service Address: _____ City _____ State _____ Zip _____
 Billing Address (if different): _____ City _____ State _____ Zip _____
 Location: Village of: _____ or Township of: _____
 Own Rent Landlord's Name: _____ Landlord's Phone #: _____

BUSINESS SERVICES

Internet
 Wireless Router (subject to approval): Yes No
 Router Name: _____ Router Password (min. 8 characters): _____
 TV
 Phone
 Voicemail (included): Yes No Number of Phone Lines Needed: _____
 Print Your Business Name Exactly as You'd Like It to Appear In the Telephone Directory:
 Name: _____
 Not Listed in Directory (\$1.00/mo) Not Accessible thru Directory Assistance (\$2.00/mo includes Non-List)
 Managed IT Service (call for customized quote): Yes No

ACCOUNT SECURITY

Choose Your Account Security PIN or Password: _____
 Authorized Users/Areas or Services They Can Make Changes to: _____

 Verification Question (choose one):
 Mother's Maiden Name: _____ Your First Child's Middle Name: _____
 State Was Your Father Born In: _____ Favorite Pet's Name: _____
 City You Were Born In: _____ Favorite Holiday: _____

For Internal Use:

Notes/Plant Information: _____

A/C#: _____ Phone #: _____ Adv: _____ Date: _____ CSR Initials: _____