



Amherst COMMUNICATIONS

APPLICATION FOR SERVICES

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

CUSTOMER INFO

| | |
|---|----------------------------------|
| Applicant: _____ | Co-Applicant: _____ |
| Drivers Lic #: _____ | Drivers Lic #: _____ |
| Social Security #: _____ | Social Security #: _____ |
| Date of Birth: _____ | Date of Birth: _____ |
| Email: _____ | Email: _____ |
| Cell/Home: _____ | Cell/Home: _____ |
| Name of Employer: _____ | Name of Employer: _____ |
| Work #: _____ | Work #: _____ |
| Service Address: _____ | City _____ Zip _____ |
| Billing Address (if different): _____ | City _____ State _____ Zip _____ |
| Location: Village of: _____ or Township of: _____ | |
| <input type="checkbox"/> Own <input type="checkbox"/> Rent Landlord's Name: _____ Landlord's Phone: _____ | |

ACCOUNT SECURITY

Choose Your Account Security PIN or Password: _____

Select A 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: _____ |

TELEPHONE SERVICE

Print Your Name(s) Exactly as You'd Like Them 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)

Wire & Jack Maintenance (\$3.25/mo) Voicemail (included): Yes No

OPTIONAL SERVICES

Wireless Router (included with Internet Service): Yes No

Router Name: _____ Router Password (min. 8 characters): _____

For Internal Use:

Notes/Plant Information: _____

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