



APPLICATION FOR PCS SERVICE

Date
Company Name
Last Name First Name MI
Physical Address City/State County
Mailing Address City State Zip
Contact Number

Current Employer
Address City State Zip
Phone

Date of Birth
Social Security Number (or Fed ID#)
Driver's License Number

Do you currently have telephone service with NNTC? Yes No
If yes, telephone number
Have you had previous service with NNTC? Yes No
If yes, when?

The undersigned customer promises, covenants and agrees to pay for all services including airtime used by customer; regardless of whether the call is initiated by customer or received from an outside caller, and not to use PCS/cellular service and/or facilities for unlawful purposes, including but not limited to, the use of profane language or impersonation of another individual with fraudulent or malicious intent. Customer further agrees to pay any deposits which are required by the Company to secure customer's account. The customer is responsible for all usage on the customer's wireless telephone. The customer will notify NNTC Wireless if their wireless telephone is lost or stolen so that the customer's wireless telephone number may be deactivated. Customer also understands that they are responsible for payment for any calls placed from their wireless phone. Customer authorizes the company to do a credit check in order to determine if a deposit is required.

Customer Signature Date

Cell Phone Number (970) PUB UNLIST Employee Initials
Share Package Minutes Y Customer Acct #

Package Bronze Silver Gold N250 N500 N750 N1000 M w/o L Corporate Family Pre-Pay TTP
Features CID VM SMS M2M NWLD SIM Unlimited Data Package

Make/Model ESN
Accessories

Activation Fee \$35.00
Cell Phone \$ Accessories \$ Deposit \$
Tax \$ Tax \$ Handset Replacement Y N
Total \$ Total \$ B/D \$2.99 S \$4.98 L \$7.97

Total Amount Due \$
Amount Paid \$ Date Paid CK CASH
Balance Due \$ Date Paid

BALANCE DUE MUST BE PAID WITHIN 60 DAYS