

Application for Local Area Cellular Telephone Service

Contact us at: bbtccsr@bristolbay.com



P.O. Box 456, King Salmon, AK 99613
907-246-6399 / fax: 907-246-1115

Personal Information

Printed Name _____ SSN (Optional) _____

Billing Address _____

City _____ State _____ Zip _____

Permanent Address _____

City _____ State _____ Zip _____

(_____) (_____) _____
Daytime Phone _____ Work Phone _____

E-Mail Address _____

Name and Address of Relative not living with you _____

Driver's License Number _____ Issuing State _____

Employer Information

Name of Employer/Cannery/Fish Buyer _____

Address of Employer _____

Vessel Name & Location _____ Vessel ADF&G or Vehicle Identification Number _____

If Self-Employed, Type of Business _____

Name of Person Responsible for Payment (Required for Business Applications Only) _____

Credit and Billing Information

CREDIT REFERENCES: All customers are required to provide a deposit or credit card information as a financial guarantee.

Credit Card: **Visa** **Mastercard** **AmEx** **Discover**

Account Number _____ Expiration Date _____

Name on Card _____

Signature _____

Please charge my Credit Card monthly for additional charges: _____ **(initial)**

Please send receipt for additional charges to email provided: **Yes** **No**

Application for Local Area Cellular Telephone Service



P.O. Box 456, King Salmon, AK 99613
907-246-6399 / fax: 907-246-1115

Service Area Selection (Choose One):

Bristol Bay Borough Area Dillingham Area Other: _____

Service is for local service only. Calls between exchanges are long distance.

Local Exchange: _____

Plan Options:

Check One:	Local Area Calling Plans	Monthly Cost	Total Monthly Minutes	Charge for Additional Minutes
	One Phone	\$24.99	500	\$0.20
	Two Phones	\$31.99	550	\$0.20
	Three Phones	\$38.99	600	\$0.20
	Four Phones	\$45.99	650	\$0.20

Please list me in the BBCP Directory as shown below: Additional listing(s) as shown below:

Cellular Phone Information

Primary Phone #	Brand-Model #	ESN (electronic serial #)
Additional Phone #	Brand-Model #	ESN (electronic serial #)
Additional Phone #	Brand-Model #	ESN (electronic serial #)
Additional Phone #	Brand-Model #	ESN (electronic serial #)

Terms of Agreement

Partial minutes are rounded up to the next full minute. Activation of service may take up to 2 full business days. \$35.00 activation fee required for new subscribers. This fee also covers future activation of another prefix. Additional charges may include taxes, surcharges, and long distance. Cancellation or discontinuation of service for any reason will constitute the need for a new service agreement. Toll charges are not included and will be billed monthly. Taxes and surcharges will be added as required by law. Deposit may be required without credit card information.

I hereby certify that the information I have provided is complete and correct; I accept all BBCP terms and conditions. I will be responsible for payment of this account. BBCP has my permission to obtain credit information from the credit bureau and the listed references. I understand that my account is past due 25 days after the monthly statement is mailed by BBCP. Past due bills will be charged interest at the rate of .87% per month. Past due amounts may be charged to my credit card. If I do not have a credit card on file and have not made other arrangements for payment, service shall be disconnected immediately and may result in a fee for re-activation.

Print Name / Title if Business Account

Customer Signature / Business Representative

For BBCP Use Only

Activation Fee \$ _____ Other Charges \$ _____ Deposit Yes No \$ _____



P.O. Box 456, King Salmon, AK 99613
907-246-6399 / fax: 907-246-1115

Establishment of Account Password

So that BBTC employees are free to discuss and/or provide call detail information to me during a call that I initiate to your business office, please establish the following password for my account.

Password: _____

Should I forget or lose my password please use the following question to authenticate my password. (Select one)

Secret Question: ___ Favorite Vacation City ___ Pet's Name
 ___ Favorite Color ___ Favorite Fruit
 ___ Make of First Auto ___ Favorite Author

Answer: _____

Primary Customer Name: _____

Secondary Customer Name: _____

Additional Authorized Contacts: _____

Telephone Number: _____

Account Number: _____

Authorized Signature: _____

Date: _____ / _____ / _____