

Application for 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 _____ Date _____

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

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Plan Options:

Long Distance Charges Apply.

Check One:	Local Area Calling Plans	Monthly Cost <small>(Must live and have a mailing address within BBCP's service area or have a valid credit card on file to bill monthly.)</small>	Total Monthly Minutes	Pay for the Year and get 2 (two) Months FREE!
	One Phone	\$24.99	Unlimited	\$250.00
	Two Phones	\$31.99	Unlimited	\$320.00
	Three Phones	\$38.99	Unlimited	\$390.00
	Four Phones	\$45.99	Unlimited	\$460.00

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

Contract Term is for 1 (one) year of service. If I terminate service before my contract term ends I will be responsible for payment of the remaining time on my contract. If monthly billing is chosen I must live and have a mailing address in BBTC's service area or have a valid credit card on file to bill monthly. Credit Card declines will revert account to past due policy.

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. Long Distance charges are not included and will be billed monthly. Taxes and surcharges will be added as required by law. Deposit may be required.

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 or my credit card is declined, and have not made other arrangements for payment, service shall be disconnected immediately and I will be responsible for payment of past due amount as well as the remaining term of my contract. Other charges may apply.

Print Name / Title if Business Account

Customer Signature / Business Representative

Date

For BBCP Use Only

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

Taxes \$ _____ Total Charges \$ _____



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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: _____ / _____ / _____