

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)

**Application for
Cellular Telephone Service**



PARTNERSHIP

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Check all that Apply:

_____ \$60.00 Monthly Roaming	x _____	_____ \$600.00 Prepaid for 1 Year	x _____
_____ \$24.99 Monthly Local Only	x _____	_____ \$250.00 Prepaid for 1 Year	x _____
_____ \$ 7.00 Monthly Additional Phones*x _____		_____ \$ 70.00 Prepaid for 1 Year*	x _____
Total		\$ _____	\$ _____

*Additional Phones are Local Only. Long Distance charges will apply. Up to 3 Additional Phones per account

Taxes: \$ _____ **Deposit:** \$ _____ **Activation:** \$ _____

Amount Due Today: \$ _____

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 #)

By signing below I have read and agree to all Terms of Agreement.

Print Name / Title if Business Account

Customer Signature / Business Representative

Date

For BBCP Use Only

Other Charges \$ _____ Deposit Yes No Contract Term _____

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 BBCP's service area. A deposit of \$100.00 must be paid at time of service or have a valid credit card on file to bill monthly. Deposit will be applied to account after two years of good payment history. Credit Card declines will revert account to past due policy.

Local Only includes local calling and texting to any BBCP service areas only. Long distance calls, taxes, and surcharges will incur an additional charge. International calling not included. You will be responsible for these charges.

Roaming includes local, long distance and texting at one flat monthly rate. Taxes and surcharges will be added as required by law. International calling not included. You will be responsible for these charges.

Activation of service may take up to 2 full business days. \$35.00 activation fee required for new subscribers. 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.

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.

BBCP has my permission to obtain credit information from the credit bureau and any listed references. 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.

Bristol Bay Cellular Partnership presently does not transmit wireless emergency alerts. Notice required by FCC Rule 47 CFR 10.240 (Commercial Mobile Alert Service).



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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:	<input type="checkbox"/> Favorite Vacation City	<input type="checkbox"/> Pet's Name
	<input type="checkbox"/> Favorite Color	<input type="checkbox"/> Favorite Fruit
	<input type="checkbox"/> Make of First Auto	<input type="checkbox"/> Favorite Author

Answer: _____

Primary Customer Name: _____

Secondary Customer Name: _____

Additional Authorized Contacts: _____

Telephone Number: _____

Account Number: _____

Authorized Signature: _____

Date: _____ / _____ / _____