



New Customer Information and Application to Establish or Update an Account with Copper Valley Telephone, Copper Valley Solutions (DBA Copper Valley Internet), Copper Valley Long Distance and/or Copper Valley Wireless

Date: _____ Main Billing Phone Number or Account Number _____

Legal/Account holder name: _____
 (Last) (First) (Middle Initial)

If Business: Sole Proprietorship Partnership Corporation

Co-Account holder name (if business, owner's name): _____
 (Last) (First) (Middle Initial)

Name of nearest relative address & phone number: _____

Physical Address/Location of Service: _____

Billing Address (Mailing address)

Same as Physical Address _____

APPLICANT INFORMATION

Social Security Number or Federal ID Number	Driver's License Number	State of Issue	Date of Birth
Employer Phone Number:	Employer Name & Address:		
Work Phone #	Cell Phone or Msg #		

CO-APPLICANT INFORMATION

Social Security Number or Federal ID Number	Driver's License Number	State of Issue	Date of Birth
Employer Phone Number	Employer Name & Address:		
Work Phone #	Cell Phone or Msg #		

CREDIT CARD INFORMATION

<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover	Credit Card Number
Expiration Date	Cardholder Signature

BILLING OPTIONS

Bill to my credit card supplied above Please stop paper statements for this account Bill directly to the address above

NAME/S OF OTHER PEOPLE AUTHORIZED TO RECEIVE INFORMATION AND MAKE CHANGES ON THIS ACCOUNT

CUSTOMER PROPRIETARY NETWORK INFORMATION ACCESS VERIFICATION

Password (must be at least 8 characters including 3 numbers; should not include easily identifiable biographical information):										
										Email Address
Secret Question (Pick One-- These will allow CVTC to release password to you or others with the correct answer):										
What is your favorite color?			What was your first employer?			What was your first car?				

Certification

I certify that I am 18 years of age, that the above information is true, accurate, and complete to the best of my belief and knowledge, and is voluntarily submitted for the purpose of receiving service from CVTC or its subsidiaries. Further, I certify that I have authority to establish an account in the name/s shown above and that I take full financial responsibility for this account.

Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____