



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 \_\_\_\_\_

Business Name: \_\_\_\_\_

Business:  Sole Proprietorship  Partnership  Corporation

Physical Address/Location of Service:

\_\_\_\_\_  
\_\_\_\_\_

Billing Address (Mailing Address)

Same as Physical Address

\_\_\_\_\_  
\_\_\_\_\_

APPLICANT INFORMATION

Employer Phone Number:	Employer Name & Address:
Work Phone #	Cell Phone or Msg #

CO-APPLICANT INFORMATION

Employer Phone Number	Employer Name & Address:
Work Phone #	Cell Phone or Msg #

BILLING OPTIONS

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

NAME/S & EMAIL ADDRESSES OF ALL PEOPLE AUTHORIZED TO RECEIVE INFORMATION AND MAKE CHANGES ON THIS ACCOUNT (ATTACH SEPARATE SHEET AS NEEDED)


ACCESSIBILITY for People with Disabilities: Do you have a hearing or speech disability or condition which prevents or limits your ability to communicate over voice networks? YES\_\_\_\_\_ NO\_\_\_\_\_

If yes, please describe the nature of the disability or condition so that we may further assist with your ability to use our services. \_\_\_\_\_

**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: \_\_\_\_\_