



New Customer Application – All Services

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)

Co-Account holder name (if business, use owner’s name):

(Last) (First) (Middle)

Name of nearest relative address & phone number:

Physical Address/Location of Service:

Billing Address (Mailing address)
 Same as Physical Address _____
Your Can Be Reached Number is _____

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 OF ALL PEOPLE AUTHORIZED TO RECEIVE INFORMATION AND MAKE CHANGES ON THIS ACCOUNT (PLEASE ATTACH ADDITIONAL SHEET IF MORE NAMES ARE TO BE AUTHORIZED)

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: _____