AGATE NETWORKS

High-Speed Satellite Internet Service Application

Physical Information			
Physical Address:			
Mailing Address: (if different)			
Phone #		Email Address	

First Applicant's Information				
First Applicant's Name		Social Security Number:		
Driver's License or ID Information	State-		Number-	
Former Address				
Current Employer Name			How long?	
Employer Address			Work Phone #	
Emergency Contact Name & Phone #				

Second Applicant's Information			
Second Applicant's Name		Social Security Number:	
Driver's License or ID Information	State-	Number-	
Former Address			
Current Employer Name		How long?	
Employer Address		Work Phone #	
Emergency Contact Name & Phone #			

Credit Information			
Have either of you filed for bankruptcy?	☐	No	
	☐	Yes	When_____
For credit purposes- please fill out your banking institution and phone number for reference only	Financial Institution Name		
	Phone Number		

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For your convenience, Agate Networks offers several payment options. We can send a bill and you can send us a check, or drop it off in our payment box in Agate; credit card payments, either one time or as a monthly draft to your account; and an ACH option where you authorize us to draft your checking account.

<mark>If you are interested in one of these automated services, please fill out the appropriate information below:</mark>

Credit Card

Cardholder Name (please print):_____

Card Billing Address:_____

Preferred Payment Date: _____

Credit Card: Visa   MC   Disc   Account Number:_____

Expiration Date: _____ Authorization Code (3 digit code on the back): _____

ACH Bank Withdrawal

Bank Name:_____ Bank Phone #:_____

Name(s) On Account:_____

Bank Routing #:_____Bank Account #: _____

Preferred Payment Date_____

You will receive your bill on the first of the month. Bill due, and payable, in full, upon receipt, and becomes delinquent on the 20th of the month. This application becomes a contract when accepted by Agate Networks.

<mark>By signing this application, you hereby declare all information on this form to be true, and complete.</mark>

_____
Applicant's Signature   Date   Co-Applicant's Signature   Date

Revised 04/01/18

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Customer Proprietary Network Information

The FCC has made new rules regarding CPNI. These rules are designed to protect you and your personal information. This effort by the Commission is in response to the practice of "pretexting" and provides additional privacy safeguards that will limit pretexters' ability to obtain unauthorized access to your CPNI.

Account Password- Must be between 5-20 characters in length, numbers, letters, or both- no spaces or symbols. All authorized people on the account must know this password to make changes to your account.

Account Password:	

Authorized Person(s) other than Applicant's that can access and make changes to your account.

Authorized Person(s):	

Primary Applicant: Choose two security questions and fill out your answer. This will be used to verify you as the authorized customer if you cannot remember your account password.

Where were you born?	

What is your favorite color?	

As a child, what was your dream job?	