



Customer Application For CalTel Wireless DSL

1-800-253-2511
cs@calaverastelephone.com
PO Box 37
Copperopolis, CA 95228
Fax 209-785-3551

Customer Information

| | | | | |
|--------------------|--|-----------------|---|-----|
| Applicant Name: | | DOB: | Applicant Driver's License # <small>Copy required if by mail or fax</small> | |
| Co-Applicant Name: | | DOB: | Co-Applicant Driver's License # <small>Copy required if by mail or fax</small> | |
| Mailing Address: | | City : | State | Zip |
| Phone Number | | Other Contact # | | |

Service Information

| | |
|-----------------|--|
| Service Address | |
|-----------------|--|

Security Question

| | | |
|--|----------------------|--|
| Security Password: | (up to 8 characters) | Your security password will be used to ensure proper identification when you call. |
| Security Back-Up Question: Please Circle One | | Security question is used in the event of a forgotten password. |
| First Car | First Pet's Name | Mother's Middle Name |
| Answer: | | (Custom Question) |

Authorized Users: _____

Authorized users of an account may request balance inquiries, add/delete services, or close accounts over the phone!

Wireless DSL Service Information

| | |
|---|--|
| Contact Email Address: | |
| Example: @hotmail.com @gmail.com @yahoo.com | |

Installation / Router Fee

A \$125 Wireless Installation Fee will be billed to you on your first bill.

Router Options:

- \$9.95/Month Router Lease Customer Provided Router

Internet Services Agreement

I represent and warrant that I am 18 years of age or older, I acknowledge receipt and have read and agree to "CalTel Agreement for Internet Services". Initials: _____

Customer signifies acceptance of the terms of this contract by signing in the space provided:

X _____ Date: _____

X _____ Date: _____

For internal use only Speed tier _____ Amount _____