



New Customer Application

Date: _____

Customer Information

Name: _____ Phone: _____

**One name only. See Privacy Policy form to add additional contacts to your account.*

Service Address: _____ City: _____ State: _____ Zip: _____

Township: _____ County: _____ Email Address: _____

Billing Address (if different): _____

Are you renting this property? Yes No Mobile Home: Yes No

Have you been our customer before? Yes No

If yes, Date: _____ Previous Telephone number: _____

Personal Information

Date of Birth: _____ Social Security #: _____ Single/Married: _____

Place of Employment: _____

May we contact you at your place of employment? Yes No

If yes, telephone number: _____

Spouses Name (if applicable): _____

Spouses Social Security #: _____ Spouse's Place of Employment: _____

May we contact you at your place of employment? Yes No

If yes, telephone number: _____

To Begin Service

* **Provide us with a copy of your valid driver's license.**

* Please fill out the additional Service Application form.

* I acknowledge that the above information is accurate to the best of my knowledge. Additionally, I understand if found otherwise, service may be disconnected immediately.

Signature: _____

PLEASE RETURN COMPLETED FORM TO:

Albany Fiber Communications drop off or by mail at 131 6th Street Albany, MN 56307, email to customersupport@albanytel.net or by fax to 320.845.7000. If you have any questions, please do not hesitate to call 320.845.2101 or visit www.AFComm.net