



## Coastal Fiber Application for Service

This application is for Coastal Fiber Broadband Internet and Phone service. Once submitted, this application will be reviewed by a member service representative. You will be contacted to complete the application process and to notify you of any deposits or fees associated with connecting this service.

### SO# (Office Use Only)

### Application Date

mm/dd/yyyy

## Customer Information

### Name

First

MI

Last

### Date of Birth

mm/dd/yyyy

### Applicant Primary Email Address

### Driver's License Number

### Driver's License State of Issue

*When you contact Coastal Fiber concerning your account, you may be asked to provide this for verification purposes.*

### Social Security Number

### Cellular Phone #

*When you contact Coastal Fiber concerning your account, you will be asked to provide the last four digits of your social security number for verification purposes.*

### Service/911/Physical Address

Address Line 1

Address Line 2

City

State

ZIP Code

### Nearest Relative Name

### Nearest Relative Phone

**Mailing/Billing Address** *(if different from service address)*

Address Line 1

Address Line 2

City

State

ZIP Code

**Co-Applicant Information** *(if applicable)*

**Co-Applicant Name**

First

MI

Last

**Co-Applicant Date of Birth**

mm/dd/yyyy

**Co-Applicant Email**

**Co-Applicant Driver's License Number**

**Co-Applicant Driver's License State of Issue**

*When you contact Coastal Fiber concerning your account, you may be asked to provide this for verification purposes.*

**Co-Applicant Social Security Number**

**Co-Applicant Cellular Phone #**

*When you contact Coastal Fiber concerning your account, you will be asked to provide the last four digits of your social security number for verification purposes. This information is*

**Service Requested**

**Internet**

1 GB  500 MB

**Phone**

Standard  Select

Choose ONE Security Question and enter your answer. Required for account verification purposes.

Favorite Color:

Pet's Name:

Favorite Vacation Spot:

Requested Email Address (you@coastalfiber.net):

Temporary Password (must be at least 6-64 characters):

**Signature/Date**

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We require a picture of the account holder's current driver's license or similar photo identification for account verification. Please attach a printout of a photo of your ID.

## **Applicant Agreement**

I hereby verify the above information to be true and complete and agree to the terms and conditions. By signing, the applicant and/or co-applicant authorizes Coastal Fiber to seek past credit history and to release credit history for future inquiries. The undersigned hereby applies for service with Coastal Fiber, and I have reviewed and understand the Service Options. Initial below:

I have reviewed and understand the Applicant Agreement.