



RESIDENTIAL APPLICATION FOR INTERNET SERVICE & ORDER CONFIRMATION FORM

NAME:	DOB:	SS#:	
MAILING ADDRESS:	CITY:	ST:	ZIP:
PHYSICAL ADDRESS:	CITY:	ST:	ZIP:
EMPLOYER NAME:	CITY:	ST:	ZIP:
APPLICANT CONTACT#:	EMAIL:		
JOINT APPLICANT:	DOB:	SS#:	
JOINT APPLICANT CONTACT #:			-
ADDITIONAL CONTACT REFERENCES			
NAME:	RELATIONSHIP:	PHONE:	
NAME:	RELATIONSHIP:	PHONE:	
NAME:	RELATIONSHIP:	PHONE:	
Are any of the Additional Contacts authorized to make changes on your account, or to call in and discuss your telephone bill, account services or balance due? YES NO If YES, please indicate which contacts are authorized:			
ACCOUNT PASSWORD:			
SECURITY QUESTION 1: What elementary school did you attend?			
·	<u> </u>		
SECURITY QUESTION 2: What is your favorite number?			
Would you like to sign up for paperless billing? If so, please provide your email address:			
ii so, piease provide your emaii addre	255:		
SIGNATURE OF APPLICANT:		DATE:	
	DATE:		

Thank you for your decision to apply for Connect66 Internet service! We look forward to serving you!

Connect66 Internet

1139 E. Santa Fe Ave., Grants, NM 87020 Toll Free: (833) 463-0066 Fax: (505) 905-6001

Connect66 Internet

875 US Highway 491 North, Yatahey, NM 87375 Toll Free: (877) 722-3393 Fax: (505) 905-6001

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