



Sacred Wind Communications, Inc.

875-E U.S. Highway 491/P.O. Box 4011

Yatahey, NM 87375

www.sacredwindcommunications.com

APPLICATION FOR TELEPHONE SERVICE

NAME: _____ DOB: _____ SS#: _____

MAILING ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

PHYSICAL ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

EMPLOYER NAME: _____ CITY: _____ ST: _____ ZIP: _____

CONTACT#: _____ **EMAIL:** _____

JOINT APPLICANT: _____ DOB: _____ SS#: _____

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?

SECURITY QUESTION 2: What is your favorite number? _____

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF CO-APPLICANT: _____ DATE: _____

IF YOU FEEL YOU MAY QUALIFY FOR THE LIFELINE PROGRAM, PLEASE SPEAK TO ANY SACRED WIND CUSTOMER SERVICE REPRESENTATIVE UPON SUBMISSION OF THIS APPLICATION TO GET MORE INFORMATION ON HOW TO APPLY!

Thank you for your decision to apply for Sacred Wind service! We look forward to serving you!

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Toll Free: 1-877-722-3393 or 505-905-6001

Fax: 505-905-6001