



Sacred Wind Communications, Inc.

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

Yatahey, NM 87375

www.sacredwindcommunications.com

BUSINESS APPLICATION FOR TELEPHONE SERVICE

NAME: _____ TITLE: _____ PHONE: _____

COMPANY NAME: _____

D/B/A: _____ TAX ID # _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TYPE OF BUSINESS: _____ IN BUSINESS SINCE: _____

CHECK BOX (APPLICABLE TO YOUR COMPANY): Corporation Partnership Proprietorship Other

AUTHORIZED CONTACTS

ACCOUNTS PAYABLE: _____ TITLE: _____ PHONE: _____

TELECOM: _____ TITLE: _____ PHONE: _____

IT DEPT: _____ TITLE: _____ PHONE: _____

ON SITE: _____ TITLE: _____ 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:* _____

SIGNATURE OF APPLICANT: _____

TITLE: _____

DATE: _____

SIGNATURE OF CO-APPLICANT: _____

TITLE: _____

DATE: _____

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

Sacred Wind Communications, Inc.

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

Fax: 505-905-6001

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