



APPLICATION FOR SERVICE - RESIDENTIAL

Name: _____
Mailing Address: _____
Service Address: _____ If same as mailing address, please write "same as above".
Social Security : ____ - ____ - _____

OR

Driver's License: _____ Pennsylvania (check) ____ or Other: _____
Primary Phone: (____) ____ - ____
Email: _____

Credit Information

Had service within past year: ____ YES NO
If yes, with what company: _____
Telephone Number: (____) ____ - ____ Account Name: _____
Disconnect Date: ____ / ____ / ____
Former Address: _____ City _____ State _____ Zip _____

Have your services been suspended in the past? YES NO
Do you have any unpaid balances with other providers?. YES NO

Property Information

Are you the owner where services are being installed? YES NO
If no to above, are you signed into a year or greater lease? YES NO
Landlord's Name: _____ Landlord's Phone: (____) ____ - ____
If you do not own the property where services are being installed, please fill out "Permission to Install" Form.

Phone Book Listing (Fill out only if requesting telephone service)

If you will be porting your number from another provider, please also fill out the Port Document

Name as you want it to appear: _____
Address as you want it to appear: _____
Toll Restrictions..... YES NO
Do you want your name and number listed in the book? NOTE: Additional charge for unpublished numbers..... YES NO

Employment Information (Optional)

Employer: _____ Length of Employment: _____
Address: _____ City _____ State _____ Zip _____

Acknowledge and Agree

Applicants Name (print): _____

Signature: X _____ Date: ____ / ____ / ____

Services in which you are applying for: (Check all that apply) ____ CABLE ____ PHONE ____ INTERNET

ONCE FORMS ARE COMPLETED, PLEASE SEND via mail to PO BOX 156 MAMMOTH PA, 15664, via email at marketing@wpa.net or via fax at 724.423.1000.

For Office Use Only:

Application Complete ____ Contract Signed ____ Port Sheet Collected on ____ / ____ / ____ Order Reviewed by: _____