

**Please print, complete all fields, and return to your local Nex-Tech store.**

Please complete this form after you have been approved for the Affordable Connectivity Program through the Lifeline National Verifier ([www.checklifeline.org](http://www.checklifeline.org)). For Nex-tech to confirm eligibility for the ACP information on this form must EXACTLY match the information entered into the National Verifier.

## Affordable Connectivity Program



### COMPANY INFORMATION

Name: Nex-Tech  
Contacts Name: Lindsey Krom-Craven  
Contact's Email: [lkrom-craven@nex-tech.com](mailto:lkrom-craven@nex-tech.com)

Address: 3700 10th, Great Bend, KS  
Phone Number: 620.792.3908

### SUSCRIBER INFORMATION

First Name \_\_\_\_\_ Middle Name (optional) \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

Service Address \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing address if different \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

National Verifier Application ID: \_\_\_\_\_

Initial each statement below:

- I understand that I am applying for the Affordable Connectivity Program. All information I am providing is true and correct. I understand that I may obtain broadband service supported by the ACP from any participating provider of my choosing and may transfer my ACP benefit to another provider at anytime.
- I consent to have the ACP discounts applied to my Internet service through Nex-Tech.
- I consent for Nex-Tech to transmit my information into NLAD for enrollment.

Customer Signature \_\_\_\_\_

Date \_\_\_\_\_

### COMPANY USE ONLY:

Application processed by \_\_\_\_\_  
Date received \_\_\_\_\_  
Customer account \_\_\_\_\_