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3700 10th St., Great Bend, KS 67530

ACP ENROLLMENT DISCLOSURE

Print and hand complete all fields on this form after you have been approved for the Affordable Connectivity Program through the Lifeline National Verifier (www.checklifeline.org).

For Nex-Tech to confirm eligibility for ACP, the information on this form must match EXACTLY the information entered with the National Verifier. Once completed, return to your local Nex-Tech store.

SUSCRIBER INFORMATION-If you used another individual as your qualifier such as a child, you would need to list their information as well.

First Name(s): _____ Last Name: _____

Date of Birth(s): _____ Last 4 of SSN(s) _____

Phone number used in National Verifier _____

Service Address: _____ KS
Street City ST ZIP

Billing address _____
Street City ST ZIP

National Verifier Application Approval ID _____

BY SIGNING THIS DOCUMENT, YOU AGREE TO ALL STATEMENTS BELOW:

- *Customer acknowledges after reviewing required ACP Disclosures, household consents to enroll with Nex-Tech
- *Customer consents for Nex-Tech to transmit personal information to the ACP Administrator (NLAD) to enroll them in the ACP
- *The Affordable Connectivity Program (ACP) is a government program that reduces the customer's broadband internet access service bill
- *The household may obtain ACP support Broadband service from any participating provider of its choosing
- *The household may apply the Affordable Connectivity Benefit to any broadband service offering of Nex-Tech at the same terms available to households that are not eligible for ACP supported service.
- *Nex-Tech may disconnect the household's ACP supported service after 90 consecutive days of non-payment
- *The household will be subject to Nex-Tech's undiscounted rates and general terms and conditions if the ACP program ends, if the consumer transfers their benefit to another provider but continues to receive service from the Nex-Tech, or upon de-enrollment from the ACP.
- *The household may file a complaint against Nex-Tech via the Commission's Consumer Complaint Center

Signature

Date

FOR FRONTLINE STAFF USE:

Date Recieved in Store _____ Time Recieved _____

Customer Account Number _____ Recieved By: _____

FOR NEX- TECH LIFELINE PROCESSOR USE:

Application processed By: _____

Completed form received on: _____