



Affinity Program



Please complete all information in order to receive your discount.

Customer Name: _____ E-Mail: _____

Mobile Phone Number: _____ Contact Number: _____

Please check qualifying profession for discount:

- | | |
|---|---|
| <input type="checkbox"/> Civil Servant | <input type="checkbox"/> Firefighter |
| <input type="checkbox"/> Educator | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> EMT | <input type="checkbox"/> Military / Veteran |
| <input type="checkbox"/> Other (from list of qualified affinity businesses) | |

Eligible Affinity Employer Information:

Employer: _____

Employer's Address: _____

City: _____ State: _____ Zip: _____

To complete your application —

Fax this form to **1-866-230-6225** with a copy of your Employee ID, paycheck stub (with all pay information blacked out), or proof of insurance coverage for eligible insurance customers. Active Military must provide a copy of most recent paycheck stub from government (with all pay information blacked out) or copy of bank statement showing direct deposit from U.S. Treasury/Government (with personal information blacked out). Veterans must provide a copy of their DD-214 along with personal ID. Military or Veterans must use fax option.

or
email the information on this form to affinity@ntelos.com from your company email (you will not need to send Employee ID or Paycheck stub using this option).

nTelos Sales Associate Name: _____

Phone Number: _____ E-Mail: _____