

This is the **first screen** of on-line PNG long distance service application.

The purpose of this screen is to enter subscriber's information

### New Residential Account

Those fields with a \* in front of them are required fields.

#### General Information:

\* First Name: [Redacted]

\* Last Name: [Redacted]

\* Social Security Number: [Redacted]

Estimated Long Distance Usage: \$ [Redacted]

SSN is needed for credit check. You may fax an application if you do not want to sign on our secure web.

#### Service Address:

\* Service Address Line 1:

Service Address Line 2: [Redacted]

\* City: [Redacted]

\* State: [Redacted]

\* Zip: [Redacted]

Billing Address: \*\* Leave blank if same as your Service Address

Billing Address Line 1: [Redacted]

Billing Address Line 2: [Redacted]

City: [Redacted]

State: | Zip: -|

#### Contact Information:

\* Phone Number: [Redacted] Ext. [Redacted]

Fax Number: [Redacted] Ext. [Redacted]

\* Email Address: [Redacted]

eBill Password: [Redacted]

Confirm eBill Password: [Redacted]

eBill is a free optional service. [\(more info ...\)](#)

**Payment Information:** \*\* Credit Card information not required if paying by check.

Payment Method: Bill Me Monthly, I'll Pay By Check

Credit Card Number: [Redacted]

Credit Card Expiration: [Redacted]  
(MMYY)

You may be billed or you may use a credit card, whatever you prefer

#### Additional Information:

Have you faxed in a recent phone bill for credit checking purposes? [Redacted]

Re-Enter the following Validation Code Number: **77885**

Do not forget to enter the validation code