



I understand this cellular phone service is a benefit provided to me as a member of the Arizona Police Association (APA). If my status as a member should change, I further understand I must forfeit this service and assume personal responsibility for my phone account within 14 days. Further, in the event my membership terminates, I will be responsible for any charges due and owing at that time.

I agree to guarantee prompt payment of my Verizon Wireless account by securing amounts due to be charged to my credit/debit card monthly; if my account were to go 30 days past due Verizon Wireless will suspend/cancel services and require full payment to resume services.

Printed/Signed Name: _____ Date: _____
Affiliate Member

Agency/Station Name: _____

Witnessed: _____ Date: _____
APA Representative

Current Cell Phone service provider: _____

Are you currently on a Verizon plan with APA? Yes, Account # _____ No

Existing Cell # to transfer	Phone to order (size and color)	New device or Upgrade?	Minute/phone plan

Smart Watch: _____ IMEI: _____ PHONE # _____

Jetpack: PHONE # _____

Info for Account you are transferring from:
Name on Current Billing Statement: _____

Full Billing Address on Statement: _____

Email Address: _____

Current Acct#: _____ Pin# (4-6 digit): _____

NEW APA VERIZON ACCOUNT or CURRENT APA VERIZON ACCOUNT you are adding line(s) to

FULL Billing Address: _____

Email Address: _____

if ordering a new device or upgrade, please make a note of the shipping address