349 Damon RD NE
Ocean Shores, WA 98569
(360) 289-2252

E-MAIL AUTHORIZATION FORM

To receive your monthly billing statement by e-mail complete the following. All information must be completed in order for your account to be confirmed for e-mail statements. Written cancellation of this notice must be provided to Coast Communications one month prior to cancellation date. **Please note:** if your balance is paid ahead resulting in a credit balance, no statement will be sent for that month.

Date: _____

Coast Account Number: ____-_____
Name as listed on account: _____
Authorized Signature: _____
Telephone number: _____
Service Address: _____
Street address

_____
Street address

_____
City State Zip code

E-mail address (Print Clearly)

By signing I understand I will be responsible for keeping Coast Communications supplied with a current and active e-mail address. Additionally, I am responsible for payment of any charges owed to Coast Communications Co. I recognize my e-mail filters or other factors may interfere with the receipt of my statement. If I choose to change the method of receipt of my statement, I will send Coast Communications a written statement to this effect one full month prior to the change. I understand the bills will be e-mailed during the last week each month for the next month's charges. I also understand that if I do not reply by e-mail to the confirmation e-mail from Coast Communications, I will continue to receive paper statements from Coast Communications.

Signature: _____Date:_____

Printed Name: _____

_____ copy received (please initial)