

Employee User Enrollment Form

*Employer Name: Summit County Educational Service Center

*Last Name: _____ *First Name: _____

*Work Phone: _____ *Home Phone: _____

*Cellular Number: _____

*E-mail Address: _____

Employee End User Agreement

I understand that by registering my line, I will receive a discount on my monthly access fee and will be able to activate future service and to obtain equipment at a special rate as a result of my employment with

Summit County ESC, 420 Washington Ave, Cuyahoga Falls Ohio 44221

(Print your employer's name & address)

I further acknowledge and understand that I am receiving my calling plan rate based on my Employer's overall line attainment with Verizon Wireless. From time-to-time, my calling plan rates may be adjusted to those associated with the actual total line attainment of my Employer, I understand that I cannot terminate my service without an Early Termination Fee because of a rate adjustment to which my Employer agreed, notwithstanding anything to the contrary in the Customer Agreement, I acknowledge and understand that certain information relating to the service, including name, mobile telephone number and monthly charge total, may be released to my Employer.

Verizon Wireless reserves the right to require proof of continued employment with my Employer from me. If a review of my employment status reveals that I am no longer an employee, Verizon Wireless reserves the right to adjust the calling plan rates for the period of time I was not a current employee and switch me to a commercially available calling plan or to a non-discounted calling plan for the remainder of my Customer Agreement term.

Employee Signature * _____

Employee Name Printed & Employee ID + Date: * _____

***Indicates required field**

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How to "Register-Your-Line" for the employee discount:

Please complete the following steps to register your line for the employee discount:

- 1) Complete the Verizon Wireless Employee End User Enrollment Form.
- 2) Photo copy your current Employee Photo ID. If you do not possess or cannot fax an Employee Photo ID, please photocopy your current Pay Stub (delete account & salary info). ***This info is required for employee verification purposes.***
- 3) Fax the Enrollment Form & photocopy of Employee Photo ID or recent Pay Stub to **800-711-7788**.

*A price plan with the monthly access of \$34.99 or higher is required to be eligible for the employee discount. Family Share Primary lines (\$34.99 or higher) are eligible. Family Share Secondary lines are NOT eligible.

**Summit County ESC Employee's
Tie Code 850025181
Profile ID 649563 15% discount**