



Conxxus ACP Customer Enrollment Form

Please fill out the following sections and email this form as well as your ACP approval letter to conxxusACP@conxxus.com

Once submitted, Conxxus will send an enrollment confirmation email. The ACP discount will be pro-rated and appear on the following months invoice

If you are a new customer, please do not fill out this application until your service installation has been scheduled!

This form must be filled out by the person whose information was used for the government ACP application.

Customer's Full Name:

Email:

Phone Number:

Street Address:

City:

Zip Code:

State:

ACP Application ID:

Date of Birth:

Last 4 of SSN:

Conxxus Account Number:

* if known

Additional Comments:

Signature:

Date: