



# EAS Communication Inc.

Please fax the completed form to 888-388-9828  
Or mail to 527 N. Azusa Av #268 Covina, CA 91722

## ETC Membership Form 会员申请表

Customer ID	
Agent ID	<b>Max Shen</b>

(Please attach the 1<sup>st</sup> page of your local telephone bill showing your name, telephone number and address)  
**For INDIVIDUAL ACCOUNT –**

Last Name	First Name	Middle Name
Social Security Number	Driver License Number	Email Addr.
Home Tel No.	Mobile No.	Office Tel No.
Home Address		
I would like to send my bill to : <input type="checkbox"/> Email Address <input type="checkbox"/> Home Address <input type="checkbox"/> Mailing Address as follows:		

### For COMPANY ACCOUNT

Company Name		
CEO Name	CFO Name	Fed ID No.
Office Tel No.	Fax No.	Email Addr.
Company Address		

I/We would like to authorise EASCOMM to automatically charge the monthly bill to the credit card as follows:

Card No.:	Exp. Date:	Zip Code:
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My/Our Plan:  LA Plan  SF Plan  Mobile Plan  800 Plan

### Registered Number:

1.	4.	7.
2.	5.	8.
3.	6.	9.

I/We hereby declare that the above information is true and accurate to the best of my/our knowledge. I/We will pay my/our monthly bill in full. In case of a dispute in my/our monthly bill and the dispute is agreeable by EASCOMM, the refund will appear as a credit in the next billing. I/We also understand that a deposit may be required based on the sole discretion and determination of EAS Communication Inc. EASCOMM rates are subject to change without notice.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date