

Billing Information:

First Name:	Last Name:
Phone:	Last 4 Social Security Number Digits:
Date of Birth:	Email:
Optico Fiber Customer ID: (B200-XXXX)	FCC Application ID (starting with B):

Physical Address:

Address <small>(Please include apartment, condominium, urbanization):</small>		
City:	State:	Zip Code:

Mailing Address:

Address <small>(Please include apartment, condominium, urbanization):</small>		
City:	State:	Zip Code:

Beneficiary Information: (If Applicable)

First Name:	Middle Name:	Last Name:
Date of Birth:	Last 4 Social Security Number Digits:	
School Name:	Email:	

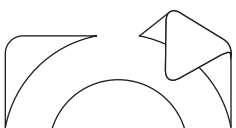
Certification

I understand that the Affordable Connectivity Program is a temporary FCC program which offers a subsidy up to \$50 for your Internet connection with participating Internet providers. I certify that I understand the terms of the program, found at www.GetEmergencyBroadband.org, and my household is eligible for the ACP benefit. I certify that I successfully completed my online application at www.GetEmergencyBroadband.org.


I understand that the Affordable Connectivity Program is limited to one monthly service discount per household, and I have not requested to use this discount with any other provider except Optico Fiber. I authorize Optico Fiber to apply my ACP funds to my Internet connectivity service with Optico Fiber, commencing in the next eligible billing cycle. If my monthly service fees exceed the subsidy amount, I am responsible for payment of the difference. Upon termination of the ACP program, I understand that I am responsible for full payment of the regularly monthly fees. If the ACP program ends before the end of a billing cycle, I may receive a reduced ACP benefit in the final month of the ACP program. I authorize Optico Fiber to charge any fees which are not covered by the ACP program to the payment method on file or used at subscription. I understand that my service remains subject to the Optico Fiber Terms of Service during and after termination of the ACP program.


Signature: _____ Date: _____

Printed Name: _____




P.O. Box 11278
San Juan, P.R. 00910-2378


1314 Ave. Ponce de León
Suite 400 San Juan, P.R. 00907


Main: 787-728-9000
Fax: 787-728-9777


www.criticalhub.com