WIRELESS EQUIPMENT PROGRAM
FOR CONNECTICUT
RESIDENTS ONLY

APPLICATION FOR WIRELESS EQUIPMENT PROGRAM

Converse Communications Corporation
34 Jerome Avenue Bloomfield, CT 06002

Full Name _____
First Middle Initial Last

Address _____ Apartment Number _____

Town _____ State CT Zip Code _____

Phone No. ( ) _____ Social Security # _____
(Last 4 digits acceptable.)

Email Address: _____

To be eligible for equipment through this Program you **must** be a Connecticut resident.

1. Hearing less than –75dB
2. Responsible for Monthly Service / Repair of Wireless Equipment
3. New Two-Year Wireless Contract
4. Limited to one per person every five-years

_____ _____
Applicant's Signature Date

EQUIPMENT

Sprint Order #_____ **Date Delivered** _____

Make / Model_____ **Cost** _____

_____ _____
Arthur S. Moore, Sprint Date

☐ New ☐ Update

NOTE: Scan this form and email to Sprint:
Arthur.s.moore@sprint.com

Note: All information given on this form will be kept confidential. 11/15/18