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 three years

_____ _____
Applicant's Signature Date

EQUIPMENT

T-Mobile Order#_____ Date Delivered_____

Make/Model._____ Cost_____

_____ _____
Arthur S. Moore, T-Mobile Date

☐ New ☐ Update

NOTE: Return this form to T-Mobile

Scan/email to: Arthur.s.moore@t-mobile.com

Note: All information given on this form will be kept confidential. 3/17/2021