SCATUI
Telephone Paging Internet/DSL Cable TV

P.O. Box 1000
Peridot, AZ 85542
(928) 475-2433
Fax (928) 475-7076

Charles Russell Sr.
President

Vernon James
General Manager

www.scatcom.net

Paging Services

CUSTOMER INFORMATION

Please Print Clearly

☐ *Personal* **FULL NAME:** _____
First Middle Initial Last

SOCIAL SECURITY #: _____

☐ *Business* **BUSINESS:** _____

DIRECTOR/MGR NAME: _____ **TITLE:** _____

ADDRESS: _____ **TELEPHONE NUMBER:** **(928) 475-** _____
Main Billing Number

CITY: _____

STATE: _____ **ZIP:** _____

PAGER SERVICE INFORMATION

ONE TIME CHARGES:

Pager*	$55.00	$ _____
Activation	$8.00	$ _____

MONTHLY CHARGES:

Airtime	$9.00	$ _____
Voice Mail (Optional)	$1.00	$ _____

Pager + first month service **$73.00**

TOTAL PAYMENT RECEIVED **$** _____

**All Pager sales are final. No refunds.*

ACCOUNT INFORMATION:

Pager #: _____

CAP Code: _____

Serial #: _____

Activation Date: _____

ONE-YEAR MANUFACTURE WARRANTY

Warranty does not cover damages due to abuse, misuse, or water damage. SCATCOM is not responsible for lost or stolen pagers.

Notes/Comments: _____

PAGER CONTRACT AGREEMENT:

This agreement, when signed and accepted by San Carlos Apache Telecommunications Utility, Inc. (SCATCOM), shall become a valid and binding contract between the customer and SCATCOM. All services are billed in advance. The minimum contract period is three (3) months. A $10.00 cancellation charge will be accessed if services are cancelled within the three month contract period. Service is established upon receipt of payment covering the first months service and pager purchase. SCATCOM reserves the right to disconnect service on any account for non-payment. SCATCOM reserves the right to change: system, unit numbers, or pager numbers whenever it considers it necessary to conduct business.

Customer acknowledges that paging communications may be interrupted at various times for a wide variety of reasons and agrees that SCATCOM shall not be held liable for any interruptions of service beyond their control.
Paging services are available within the state of Arizona only.

_____
Customer Signature **Date**

_____
SCATCOM Representative **Date**

Keyed Date	**CSR**

White - Customer Yellow - Customer File