Affinity Discount Request Form

Please complete all information legibly in order to receive your discount.

Customer Name:		Mobile Phone Number:
E-mail Address:		
Please check qualifying profession for		
Government Law	/ Enforcement 🛛 Fi	irefighter EMT Educator
Veteran (Must provide a copy	of DD-214 along with personal ID.)	Other
Active Military		(Specify from list of qualified businesses)
(Branch)		(Valid Military E-mail address)*
, , , , , , , , , , , , , , , , , , ,	ation blacked out; or (2) Submit a	oof of eligibility in one of two other ways: (1) Submit a copy of your most recent paycheck stub from the Government, a copy of your bank stantement showing direct deposit from the US Treasury/Government, with all personal
Affinity Employer:		Employer's Address:
		State:Zip:
nTelos Store Associate	Name:	Phone:
	Signature:	E-mail:
nTelos Store Leader	Name:	Phone:
	Signature:	E-mail:
	Store Location:	

Submit Form one of these ways:

- 1) Email this form to **affinity@ntelos.com** from your company email account. (You will not need to send employee ID or paycheck stub using this option).
- 2) Email a scanned form and proof of eligibility to affinity@ntelos.com.

3) Fax form with proof of eligibility to **1-866-230-6225**.

NOTE: Military or Veterans - see above information on required proof of eligibility. For all other partners, proper identification in the form of Employee ID, paycheck stub (with all pay information blacked out), proof of insurance coverage or membership ID, as applicable, is required to receive discount. Discount will appear within 30 days after receipt of this form and approval of Affinity Program qualifications. Some restrictions apply. 6148 0613

(Place proof of eligibility below for photocopying, scanning or photographing.)