



ACN is committed to fighting hunger, and in honor of our customers, we'll make a donation to help feed children in need.



HEALTH CARE

Do you have health insurance? Yes No
If yes, are you insured through: Work Self-insured
How many household members need health care?

What's the Date of Birth of the oldest person applying?
____/____/_____
What is your annual deductible? \$ _____
How much do you pay each month? \$ _____

INTERNET

What type of Internet connection do you currently have: Fiber Cable DSL
Current provider? _____
Are you open to look at another provider?
 Yes No Open
Speed _____
Bundled with: Phone Mobile TV
Primary Internet activity: Work from home
 Gaming Streaming Other _____
How much is your monthly bill? \$ _____

SECURITY & AUTOMATION

Do you have a doorbell camera or smart home equipment? Yes No
If yes, is it integrated with your Security system?
 Yes No I don't have a Security system
Are you open to look at another provider?
 Yes No Open
How much is your monthly bill? \$ _____

GAS & ELECTRICITY

Current Electricity provider? _____
Current Natural Gas provider? _____
Are you open to look at another provider?
 Yes No Open
**How much is your average bill?
Electricity \$ _____**

IDENTITY THEFT PROTECTION

Has your family ever been part of a data breach?
 Yes No
Do you use a password vault on your device(s)?
 Yes No
Do you currently have Identity Theft Protection?
 Yes No
Current provider? _____
Are you open to look at another provider?
 Yes No Open
How much is your monthly bill? \$ _____

TELEVISION

Do you currently pay for TV?
 Yes No
Current provider? _____
Are you open to look at another provider?
 Yes No Open
Number of receivers (TVs connected)? _____
When does your contract(s) expire? _____
How much is your monthly bill? \$ _____

MOBILE

Current provider? _____
Are you open to look at another provider?
 Yes No Open
How much data do you use? _____
Do you use Wi-Fi when available?
 Yes No
How many phones do you have? _____
How many phones under the device contract
(installment fee)? _____
What is the outstanding balance for those devices?

Are you looking to upgrade your phone?
 Yes No
How much is your monthly plan? \$ _____
(exclude device fees / other charges)

Total Monthly Amount \$ _____
Total Yearly Amount \$ _____

Name _____
Address _____
City _____ State _____ Zip _____
Home Phone: _____
Cell Phone: _____
Email _____