

How to obtain a Verizon Wireless Mobile Phone Corporate Account

If you want to move your **existing Verizon** cell phone service to the AHPA corporate account, please use the ASSUMPTION OF LIABILITY (AOL) form attached to this email.

If you want to move your existing **non-Verizon** cell phone service to the AHPA's corporate account, **before doing so**, call your current cell phone service provider to ensure you will not incur an early cancellation fee. If you will incur a fee, determine if it's something you are willing to pay or you may decide to wait until your contract with your current provider has ended before moving to Verizon Wireless.

If you do not have a cell phone account with any provider, fill out the AOL form attached to this email. Since you will not have existing information leave those boxes blank.

The Following is a STEP-BY-STEP procedure for completing the AOL form.

Follow the directions posted in each box. Please note some of the information requested may not apply to you. Please do not go into a Verizon store for help or questions. They will not be able to help as they not familiar with Corporate pricing and have no access to this information

UNDER THE HEADING

ACCOUNT INFORMATION – RELINQUISHING CUSTOMER:

IN THE BOX – **Signed:** Sign your name.

IN THE BOX – **Date:** Put in the date.

IN THE BOX – **Wireless Number to be transferred:** List all the cell phone numbers you have and want transferred to the AHPA account.

IN THE BOX – **Billing Address:** Print your mailing address.

IN THE BOX – **Existing Account Number:** If you have an existing VERIZON cell phone account list the account number. You can find this on your current invoice.

IN THE BOX – **Current Calling Plan:** Print the name of the calling plan you have (i.e. Nationwide Talk and Text 1400 minutes) you can find this info on your current billing.

IN THE BOX – **Relinquishing Customer Name:** Print your name.

IN THE BOX – **Billing Address City:** Print the name of the city you live in that corresponds to the street address you listed as your BILLING ADDRESS.

IN THE BOX – **Billing Address Zip Code:** Print the Zip Code that corresponds to the street address and city you listed as your BILLING ADDRESS.

IN THE BOX – **Relinquishing Customer Email Address:** Print your e-mail address. **Note: The email address must be a personal one- Please do not use your corp. email containing AHPA.com**

IN THE BOX – **Relinquishing Customer Contact Number:** Print the phone number you can be contacted at. This can be a hard-line phone number or can be your cell phone number.

UNDER THE HEADING

If transfer involves a WIRELESS NUMBER UNDER A COMPANY NAME:

IN THE BOX - **Relinquishing Company Name:** If the phone NUMBER IS NOT IN A COMPANY NAME, mark the box N/A. If the phone NUMBER IS IN A COMPANY NAME, print the company's name.

IN THE BOX – **Name of Authorized SPOC:** If the phone number is in a company name, print the TITLE of the person the phone number is assigned to. i.e., Sales Associate; Manager; Owner; etc...

**UNDER THE HEADING
ACCOUNT INFORMATION – ASSUMING CUSTOMER**

IN THE BOX – **Signed:** Leave as Jimmy Chavez.

IN THE BOX- **Check box to accept Liability:** Check this box.

IN THE BOX – **Date:** Print the date.

IN THE BOX – **Create New Billing Account:** Check the “YES” box.

IN THE BOX – **Billing Address:** Print the address where the bill should be sent. This address could be the same as your home address. NO P.O. BOXES ACCEPTED.

IN THE BOX – **Add to Existing Account Number (if applicable):** Print the following: **New account with AHPA profile 133965.**

IN THE BOX – **Assuming Customer Name:** Print your name and AHPA Badge # you belong to. (I.e. Robert Smith, 515151).

IN THE BOXES – **Billing Address City** and; **Billing Address State:** Print the name of the city you live in and; **ARIZONA** as the State. (This AHPA Verizon Account WILL NOT MAIL YOUR MONTHLY BILLING TO AN ADDRESS OUTSIDE OF ARIZONA).

IN THE BOX – **Assuming Customer E-Mail Address:** Print your e-mail address. **Note: The email address must be a personal one- Please do not use your corp. email containing AHPA.com**

IN THE BOX – **Billing Address Zip Code:** Print the Zip Code that corresponds to the street and city you listed as your BILLING ADDRESS.

IN THE BOX – **Primary Address of Use** (if different than billing): If your Primary Address of Use is different than your billing address, print the address, City, State and Zip Code. **Otherwise leave blank.**

IN THE BOX – **Primary Contact Number-** Print the phone number you can be contacted at. This can be a hard-line phone number or can be your cell phone number.

**UNDER THE HEADING
If transfer is to an individual, please fill out the following**

Mark all as “N/A” as this information does not pertain to this account.

Date of Birth- N/A

Social Security # -N/A

Driver’s License Number- N/A

State- N/A

Home Phone- N/A

Work Phone- N/A

**UNDER THE HEADING
If transfer is to a company, please fill out the following**

IN THE BOX- **Primary User name:** Print -AHPA.

IN THE BOX-**Name of Authorized SPOC:** Print-Jimmy Chavez.

IN THE BOX- **Federal Tax ID#:** Print- 86-6052087.

**UNDER THE HEADING
Equipment offer-Assuming Customer (if applicable)**

IN THE BOX – **No, I’m not interested in the equipment offer at this time. (No further action needed in the Equipment Offer section.):** Mark the **NO** box. (**DO NOT MARK “YES”** in the box immediately to the left that reads: Yes, I would like to accept. If you need new equipment Please see VZW contact information below.

IN THE BOX – **Equipment Type:** Print **N/A** in the **Make** and **Model** boxes.

IN THE BOX – **Shipping Address: Same as Billing Address Above:** Leave Blank and Mark **N/A** in the following boxes: Name, Attn, Address, City, State, Zip.

IN THE BOX – **Credit Card Information:** Leave Blank.
IN THE BOX – **Card Number:** Leave Blank.
IN THE BOX – **Expiration Date:** Leave Blank.
IN THE BOX – **CID:** Leave Blank.

UNDER THE HEADING
Calling Plan Change – If required (Assuming Customer)

IN THE BOX – **Calling Plan Name:** Write the name of the Calling Plan you currently want with Verizon (i.e. Nationwide Talk and Text 1400 minutes). Or if no change is wanted – Print- **Keep current plans the same.**
IN THE BOX – **Allowance Minutes:** Print the number of Shared Minutes you want. If you don't know, leave blank.
IN THE BOX – **Monthly Access Fee:** Leave BLANK.

You're AOL form is complete e-mail AOL Form to Colleengirard@cox.net
CC: ArizonaGovernmentAssociation@VerizonWireless.com

The Final Steps....

When AHPA receives your copy, they will verify you are an AHPA member and then advise Verizon of the same. Once Verizon has received the go-ahead from AHPA on your membership status, Verizon will send you an e-mail notifying you your request has been completed.

Don't be concerned unless you receive an email stating your application is missing a piece of vital information. If that is the case, provide whatever missing information requested.

Once Verizon has sent notification to you that your account set up has been completed, email AHPA letting them know you would like to be set up for on-line access. In the email, provide AHPA your **NAME, Badge Number, and your cell phone number**. AHPA will take the information and set up your ON-LINE account – This will allow you have on-line Verizon access for reviewing your bill, adding features, ringtones, etc. AHPA will provide

Below are the instructions on how to sign in to MyBusiness after Colleen has created your profile: Go to <https://b2b.verizonwireless.com> and sign in

Your user name will be your email address and your password will be Winter14 (case sensitive).