



Mail: Frontier OSC
P.O. Box 5166
Tampa, FL 33675
Fax: (844) 387-2500
Email: WM.Alt.Chnl.Sales@ftr.com

Positive Identification Form

Customer/Business Name: _____

Service Order #: _____ Telephone #: _____

Service Address: _____

City State Zip

SPECIFY FORMS OF IDENTIFICATION PRESENTED TO FRONTIER.

Two of the following forms of identification are required, and at least one must be a picture ID and at least one must be state/government issued.

- ☐ Social Security Card _____
(Provide SSN)
- ☐ Drivers License or State-Issued Identification Card _____
(Provide Number)
- ☐ Birth Certificate _____
- ☐ Other (i.e. Passport, Business Tax ID Form) _____
(Print type of identification and any associated number)

I, _____
(Print your name) declare under penalty of law, that the identification
presented to Frontier, to the best of my knowledge, authentic.

Signature Date

Customer Instructions

- 1) Fill in all appropriate blanks on this form.
- 2) Check off the appropriate forms of ID that will be presented for identification.
- 3) Have the form completed. Submit copies of the identifications with the completed form to the applicable address shown above or fax number.
- 4) Make a copy of this form for your records if you mail the originals to the applicable address shown above.
- 5) If emailing the form, please include *POS ID* and your Billing Telephone Number associated with your order in the subject line (xxx-xxx-xxxx or xxxxxxxxxxxx).
- 6) We will make the necessary changes or updates to your account. If you have any questions regarding this form, please contact Frontier at 866-416-4734 (residential customers) or 800-892-5999 (business customers).

IDENTIFICATIONS MAY BE COPIED HERE