

Switch and Save Request Form

Name on Account:		Cellcom Account Number:	
Street Address:			
City/State/Zip:			
Wireless Phone Numbers	Fees	Wireless Phone Numbers	Fees
1	\$	2	\$
3	\$	4	\$
5	\$	6	\$
7	\$	8	\$
9	\$	10	_ \$
Total Reimbursement Reque	st \$	-	
I certify by my signature that the interms and conditions noted below.		ntered on this certificate is complete and co	rrect. I agree to the
Signature		 Date	
To receive your contract pay 1. Complete, sign and date this original rei		ment credit(s): form. Incomplete forms or documentation will not be	e processed.
2. Include a copy of your Cellcom store rec	eipt with store name o	circled.	
		n early termination fee charge or final equipment and other fees charged on termination fees are exclu	ided and will not be

- 4. Verify the name and address on your Cellcom account matches the name and address on the competitor's bill. (Printouts of online accounts, store receipts or credit card receipts will not be accepted as proof of early termination fee payment.)
- 5. Please keep a copy of the form, receipt and wireless bill for your reference.

reimbursed.

6. Mail to Cellcom Contract Payout P.O. Box 12466
Green Bay, WI 54307-13061