

CPNI Packet

(Customer Proprietary Network Information)

Dear Cox Business Customer:

The following is a CPNI Registration Form sent in response to your request to change the authorized users on a Cox Business account. There is a total of two pages in this packet including this coversheet.

To ensure the fastest processing of this request, please be mindful of the following items:

- Carefully read and complete each section of this form. Incomplete forms will not be processed.
- The account holder cannot be changed by completing this form. Contact us online at www.coxbusiness.com/chat for more information regarding changing account ownership.
- Only the current account holder can sign this form.

After completing and signing the following page the form should be emailed to <u>acctmaintformupload@cox.com</u> for processing.

We look forward to assisting you with the requested account changes. If you have any questions you can contact us online at www.coxbusiness.com/chat. Thank you for choosing Cox Business as your business solution!

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CPNI Registration Form

Cox Business' commitment to customer privacy has identified the need for the development of a strict customer verification process. This form is to be used to add authorized individuals to your account, as we will verify the calling party on each call.

Company:		Account Number:		
Phone:	Fax:		Email:	
Service Address	:			
Billing Address:				
Do you want your Cox PIN to print on the bill?		Yes	No	
		the same n	number repeated (e.g. 2222) or the last 4 digits of the Tax ID	
Preferred Contac	ct Method (Choose One):			
US Mail	Email:			
	Email, optional:			
	Email, optional:			
Select a Secret	Question / Answer			
What is your secret code?		What school did you attend at 10 years old?		
What was the first concert you attended?		What was the last name of your 1st grade teacher?		
What was the name of your first pet?		In what city did your mother and father meet?		
What street did you live on in 3 rd grade?		What is your maternal grandmother's maiden name?		
		Declin	ine	
Answer to se	lected Secret Question:			
Allswel to se		charactors	rs) Not required if "Decline" was selected.	
Authorized Use		Litaracters	3) Not required if Decline was selected.	
Any name curre	ntly on the account that is not liste		w will be removed. List the names of all individuals, or receive billing information for this account.	
The Account Ho	lder must sign and date below to	authorize	ze the requested changes.	
Account Holder	Signature:			
Printed Name:				
Title:		Date:		