



ATTACHMENT A PARENT/GUARDIAN PERMISSION FORM

If you are under 18 years old and are a new customer applying for a free Ojo video phone, then your parent or guardian must complete this form.

■ **Mail completed form to:**

Attn: Application Department
Snap Telecommunications
1 Blue Hill Plaza, 14th Floor
P.O. Box 1626
Pearl River, NY 10965

■ **Or fax completed form to:**

Attn: Application Department
Fax: (845) 652-7109

■ **Have a question?**

Email info@snapvrs.com
IM SnapHelp (AIM, GoogleTalk, MSN)
TTY (877) 515-SNAP (7627)
Fax (845) 652-7109
VP-100/200 or D-Link: (877) 515-SNAP (7627)

SECTION 1: APPLICANT

1. Title (e.g. Dr. Mr. Mrs. Ms.) _____ 2. First Name _____ 3. Last Name _____

4. Street Address (NOTE: P.O. boxes are not accepted) _____ 5. Apt / Suite _____

6. City _____ 7. State _____ 8. Zip Code _____

() - _____ Voice TTY

9. Telephone _____

10. Email Address _____

SECTION 2: PARENT / GUARDIAN

11. Title (e.g. Dr. Mr. Mrs. Ms.) _____ 12. First Name _____ 13. Last Name _____

14. Street Address (NOTE: P.O. boxes are not accepted) _____ 15. Apt / Suite _____

16. City _____ 17. State _____ 18. Zip Code _____

() - _____ Voice TTY

19. Telephone _____ 20. Relationship to Applicant _____

21. Email Address _____

SECTION 3: CONSENT

22. I hereby give my permission for the applicant listed above, for whom I am guardian, to apply for a free Ojo video phone. I also acknowledge that I have read and agree to the terms and conditions of the Snap!VRS Service Agreement (see attachment B).

x _____ / / _____
Signature Date