



**E-Rate Information Sheet (2016-2017)**

**Billed Entity Name:**

**Billed Entity # (s):**

**FRN #(s)**

<b>Primary Authorized Contact Info:</b>	
Name	
Title	
Telephone Number	
E-Mail Address	

<b>Secondary/Backup Contact Person:</b>	
Name	
Title	
Telephone Number	
E-Mail Address	

.....  
Primary Contact Must Sign Here

<b>Method of Reimbursement</b>	
(Please Pick One):	SPI <input type="radio"/>
	BEAR <input type="radio"/>

<b>Reimbursement Frequency (SPI Only):</b>	
(Please Pick One):	2 Months <input type="radio"/>
	Quarterly Basis <input type="radio"/>
	Bi-Annual Basis <input type="radio"/>
	Annual Basis <input type="radio"/>

Name (Print) .....

Signature .....

Date .....