



SUBSCRIBER INFORMATION

[REDACTED] C/T

Financially Liable Party

Name: [REDACTED]
Credit Address: [REDACTED]

Customer Since: 05/11/2001
Photo ID Type: Driver License Photo ID State: FL
Photo ID Number: [REDACTED]
DOB: [REDACTED] SSN: [REDACTED]
Contact Name: [REDACTED]
Contact Home Phone: [REDACTED] Contact Work Phone:
Contact Home Email: [REDACTED] Contact Work Email:

Billing Party

Account Number: [REDACTED]
Name: [REDACTED]
Billing Address: [REDACTED]

Account Status: Closed Billing Cycle: 10

User Information

MSISDN: [REDACTED] IMSI: 310410000733986
MSISDN Active: 12/08/2001 - 07/10/2004 IMEI/ESN: 010252005102566/
Name: [REDACTED]
User Address: [REDACTED]

Service Start Date: 12/08/2001 Dealer Info: MA 1012
Payment Type: Postpaid
Contact Name: [REDACTED]
Contact Home Phone: [REDACTED] Contact Work Phone:
Contact Home Email: [REDACTED] Contact Work Email:

Status Change History

<u>Status Change Reason:</u>	<u>Status Change Date:</u>
SUSPEND - INVOLUNTARY	11/14/2003
Unsuspend	11/14/2003
CONNECT	12/08/2001

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