



C/T

Financially Liabile Party

Name: [REDACTED]  
Credit Address: [REDACTED]

Customer Since: 09/20/2005

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: [REDACTED]

Contact Home Email: [REDACTED]

Contact Work Email: [REDACTED]

Billing Party

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

Account Status: Active

Billing Cycle: 21

User Information

MSISDN: [REDACTED]

IMSI: [REDACTED]

MSISDN Active: 09/20/2005 - Current

IMEI/ESN: [REDACTED]

Name: [REDACTED]  
User Address: [REDACTED]

Service Start Date: 09/20/2005

Dealer Info: [REDACTED]

Payment Type: Postpaid

Contact Name: [REDACTED]

Contact Home Phone: [REDACTED]

Contact Work Phone:

Contact Home Email: [REDACTED]

Contact Work Email:

Status Change History

Status Change Reason:

Status Change Date:

Needs AVT Administration

09/20/2005

**CONFIDENTIAL**