



ReFLEX™/InFLEXion™ Address and SPID Application

Contact Name: _____

Title: _____

Company Name: _____

Address 1: _____

Address 2: _____

City: _____ State/Country: _____ Postal Code (ZIP): _____

Phone: _____ Fax: _____

E-mail: _____ Web site: _____

Type of Code Requested: Personal Addresses SPID

How many*: _____ PCIA ID # (not required): _____

* Personal addresses are available for assignment in increments from a minimum of 1,000 to a maximum of 1,000,000 for any one request.

Payment Information

Fee: \$30.00 AAPC member \$500 non member

Check enclosed for (please make checks payable to AAPC): \$ _____

VISA MasterCard American Express

Cardholder's Name (Please Print): _____

Authorized Amount: _____ Billing Zip Code: _____

Account Number: _____ Expiration Date: _____

Cardholder's Signature: _____ Phone: _____

Please send or fax completed application to:

AAPC

441 N. Crestwood Drive

Wilmington, NC 28405

Fax: 910-792-9733

www.pagingcarriers.org • info@pagingcarriers.org • Toll-Free 866-301-AAPC