

CUSTOMER PROPRIETARY NETWORK INFORMATION

CPNI PASSWORD FORM

Name:		
(As nam	ne appears on XIT account. Example: John Doe - J	ohn J. Doe-John and Jane Doe)
Phone:	Account #:	
		(Found on bill)
Street Address:		
Mailing Address:		
City:	State:	Zip:
Password:		
	(Password for the XIT accour	it)
Shared Secret:		
(Please write out Security Question and provide a	nswer to question below)
Answer:		
Customer Signature:		
	(Required)	
Security questions to choose from:		
Founder or Owner's Name?		
What does your business specialize in?		
What is your anniversary date?		
What is your birthplace?		
What is your favorite color? What is your mother's maiden name?		
What is your pet's name?		
What was your first car?		
What year was the business established?		