

CUSTOMER HAS RECEIVED AND UNDERSTANDS CHECKLIST

_____ CUSTOMER INITIALS

Office use only: **DEPOSIT**
Cash _____ or Check# _____ Amt. Paid _____
Letter of Credit _____

DATE _____

NAME(S) _____ &/OR _____
(APPLICANT) (SPOUSE, CO-APPLICANT)

MAILING ADDRESS _____
(Street Address or PO Box) (City) (State) (Zip)

911 ADDRESS _____

PRESENT EMPLOYER _____ **ADDRESS** _____

OCCUPATION _____ **WORK PHONE NO.** _____

CELL PHONE NO. _____

SPOUSE'S EMPLOYER _____ **WORK PHONE NO.** _____

CELL PHONE NO. _____

FORMER OR CURRENT ADDRESS _____
(Street address) (City) (St) (Zip)

FORMER OR CURRENT TELEPHONE NUMBER _____ **Disconnect Date** _____

DO YOU WANT TO BE LISTED IN THE DIRECTORY? Yes _____ No _____ \$1.05 PER MO
FOR NONPUB

DIRECTORY NAME _____

DO YOU OWN YOUR OWN PHONE? ___ YES ___ NO

OR

LEASE PHONE FROM US @ \$1.30 PER MO _____ Wall _____ Desk

HOW MANY _____ **WHITE** _____ **BEIGE** _____ **BROWN** _____

TELEPHONE COMPANY OWNED PHONES LEASED TO CUSTOMER: Telephone Company performs all maintenance with no additional charge to customer. Phones that reflect extraordinary abuse will be charged to customer.

PHONES OWNED BY CUSTOMER: Telephone Company will not repair. Telephone company will charge customer a \$40.00 trip charge if trouble trip is made and trouble is found to be in customer owned phone.

OPTIONS

___ **CALL WAITING**-\$2 PER MO ___ **CALLER I.D. NAME & NUMBER**-\$5 PER MO
___ **CALL FORWARD**-\$2 PER MO ___ **VOICE MAIL**-\$4 PER MO ___ **OTHER OPTIONS**

MAINTENANCE WIRING OPTION

Option #1___ Yes, I want to subscribe to the Monthly Maintenance plan at a cost of \$1.95. Wiring installed by the company will be maintained by the company.

Option #2___ I will be responsible for the maintenance & understand if the telephone company is called to find the trouble it will cost me \$40.00 for the trip & no repair.

Option #3___ I will hire the telephone company as needed with the understanding there will be a charge of \$40.00 for the trip & an additional \$45.00 per hour for labor.

YES to share your CPNI (Customer Proprietary Network Information) see attached form

NO-Do not share my CPNI (Customer Proprietary Network Information) see attached form

In making this application the undersigned agrees to the rules and regulations of the Telephone Company as set forth in the exchange tariff, and to any general changes in rules, or rates for the service furnished under this application. This application becomes a contract when accepted in writing by the Telephone Company.

APPLICANT'S SSN: _____ - _____ - _____ OR DL # _____ STATE _____
SPOUSE/ CO-APPLICANT'S SSN _____ - _____ - _____ OR DL# _____ STATE _____

SIGNATURE

DATE

PER FCC REGULATIONS, APPLICANTS FOR NEW SERVICE MUST BE PROPERLY AUTHENTICATED WITH A VALID GOVERNMENT ISSUED PHOTO ID. IF THE APPLICANT IS UNABLE TO PROVIDE PHOTO ID IN PERSON, A NOTARIZED STATEMENT ATTESTING TO THE FACT THAT THE APPLICANT HAS PRESENTED THIS IDENTIFICATION TO A NOTARY PUBLIC MUST BE SUBMITTED WITH APPLICATION.

Please check one of the following options **ONLY** if your number is to be a **NON-PUBLISHED NUMBER**

I AGREE to let the Telephone Company provide my name and address to toll carriers for the purpose of billing calling card, collect or third party calls to me. I understand that the toll carrier is restricted from using this information for any other purpose.

I DO NOT AGREE to let the Telephone Company provide my name & address to toll carriers for the purpose of billing calling card, collect or third party calls to me. I understand that this will restrict me from making any calling card calls, or from receiving collect calls, or having third party calls billed to my number.

Signed _____ Date _____ Signed _____ Date _____

THIS IS FOR LOCAL SERVICE ONLY (TOLL DENY) PLEASE READ and SIGN: Local service only means NO long distance, 3rd party calls & all collect calls coming in or out will be blocked. People can call into you from long distance.

SIGNED: _____

REVISED 3/3/09