

COOPERATIVE TELEPHONE EXCHANGE-APPLICATION FOR TELEPHONE SERVICE

****APPLICATIONS SUBMITTED AFTER 3:00 PM WILL BE CONNECTED NEXT DAY.**

****DUE TO CHANGES IN IDENTITY PROTECTION, WE REQUIRE YOU APPLY FOR SERVICE IN PERSON AND PROVIDE A PHOTO ID.**

PHONE NUMBER ASSIGNED:

NAME: _____

CO-APPLICANT: _____

SOCIAL SECURITY #: _____

SOCIAL SECURITY #: _____

DRIVERS LICENSE #: _____

DRIVERS LICENSE #: _____

DATE OF BIRTH: _____

DATE OF BIRTH: _____

STREET ADDRESS: _____

Please circle

RENT HOME OWN HOME

PO BOX: _____

I give CTE permission to contact Landlord for wiring, etc: **YES NO**

TOWN/STATE: _____

If YES: Landlord name: _____ Phone #: _____

ZIP CODE: _____

If NO: I take responsibility for contacting my Landlord prior to any wiring

CELL PHONE#: _____

or jack install and my Landlord will call CTE to give permission.

PREVIOUS TELEPHONE SERVICE:

PREVIOUS TELEPHONE SERVICE:

COMPANY: _____

COMPANY: _____

PHONE#: _____

PHONE #: _____

ADDRESS: _____

ADDRESS: _____

EMPLOYMENT: _____

EMPLOYMENT: _____

EMPLOYER: _____

EMPLOYER: _____

ADDRESS: _____

ADDRESS: _____

DATE YOU WOULD LIKE SERVICE TO BEGIN: _____

WILL YOU NEED TO RENT A PHONE? (Standard-\$2.00 per month 001, 002, 020)	YES	NO
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WOULD YOU LIKE YOUR PHONE NUMBER? Please circle	LISTED	UNLISTED
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IF LISTED, HOW? _____

LONG DISTANCE: PLEASE INQUIRE ABOUT PLANS IF INTERESTED IN LONG DISTANCE. CHANGING CARRIERS AFTER YOU HAVE BEEN PICKED TO ONE, REQUIRES A \$2.75 CHARGE PER LATA. **PLAN REQUESTED:** _____

TOLL LIMITATION SERVICE (TLS) IS OFFERED FOR NO CHARGE.

I DO NOT WANT LONG DISTANCE, BUT I WOULD LIKE TO BE ABLE TO CALL 800 NUMBERS:	YES	NO
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HOW WOULD YOU LIKE YOUR NAME TO GO OUT ON CALLER ID: _____
 (MAXIMUM OF 15 CHARACTERS-LAST NAME, FIRST NAME)

900 BLOCK?	(SIGN REQUEST ON NEXT PAGE)	YES	NO
WIRING AGREEMENT? (\$.50 Telephone Only)	(SIGN REQUEST ON NEXT PAGE)	YES	NO
WIRING AGREEMENT? (1.00 Telephone, Internet, Video)	(SIGN REQUEST ON NEXT PAGE)	YES	NO
BLOCK DIRECTORY ASSISTANCE CALL COMPLETION?	(SIGN REQUEST ON NEXT PAGE)	YES	NO

COOPERATIVE TELEPHONE EXCHANGE IS A COOPERATIVE. YOU MAY PURCHASE A MEMBERSHIP FOR A ONE TIME CHARGE OF \$25.00.

WOULD YOU LIKE TO BE A MEMBER?	YES	NO
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In completing this application, the undersigned agrees to the regulations of Cooperative Telephone Exchange.

Applicant's signature: _____

Date: _____

Co-Applicant's signature: _____

Date: _____

REQUEST FOR 900 ACCESS BLOCKING

Please circle

YES

I REQUEST A BLOCK ON ALL 900 PHONE NUMBERS DIALED FROM MY PHONE.

NO

I DO NOT WANT A BLOCK ON ALL 900 PHONE NUMBERS DIALED FROM MY PHONE.

SIGNATURE: _____

DATE: _____

REQUEST FOR WIRING AGREEMENT- (TELEPHONE ONLY)

Please circle

YES

I WANT COOPERATIVE TELEPHONE EXCHANGE TO PROVIDE MAINTENANCE ON THE INSIDE WIRING OF MY TELEPHONE SERVICE AT .50 PER MONTH. THIS SERVICE COVERS WIRING FROM ONT TO THE JACK.

NO

I DO NOT WANT THE MONTHLY SERVICE AGREEMENT. I WILL BE RESPONSIBLE FOR MAINTENANCE ON THE INSIDE WIRING OR I WILL ASK COOPERATIVE TELEPHONE EXCHANGE TO MAINTAIN IT AT TIME AND AND MATERIAL PER MAINTENANCE VISIT.

THIS WIRING AGREEMENT DOES NOT COVER JACKS OR ANY WIRING INSTALLED BY THE CUSTOMER. THIS AGREEMENT COVERS ONLY WIRING INSTALLED BY COOPERATIVE TELEPHONE EXCHANGE.

SIGNATURE: _____

DATE: _____

REQUEST FOR WIRING AGREEMENT- (TELEPHONE, INTERNET, VIDEO)

Please circle

YES

I WANT COOPERATIVE TELEPHONE EXCHANGE TO PROVIDE MAINTENANCE ON THE INSIDE WIRING OF MY TELEPHONE/INTERNET/VIDEO SERVICES AT \$1.00 PER MONTH. THIS SERVICE COVERS WIRING FROM ONT TO THE JACK.

NO

I DO NOT WANT THE MONTHLY SERVICE AGREEMENT. I WILL BE RESPONSIBLE FOR MAINTENANCE ON THE INSIDE WIRING OR I WILL ASK COOPERATIVE TELEPHONE EXCHANGE TO MAINTAIN IT AT TIME AND AND MATERIAL PER MAINTENANCE VISIT.

THIS WIRING AGREEMENT DOES NOT COVER JACKS OR ANY WIRING INSTALLED BY THE CUSTOMER. THIS AGREEMENT COVERS ONLY WIRING INSTALLED BY COOPERATIVE TELEPHONE EXCHANGE.

SIGNATURE: _____

DATE: _____

REQUEST FOR BLOCK ON DIRECTORY ASSISTANCE CALL COMPLETION

Please circle

YES

I WANT COOPERATIVE TELEPHONE EXCHANGE TO BLOCK DIRECTORY ASSISTANCE CALL COMPLETION.

NO

I DO NOT WANT COOPERATIVE TELEPHONE EXCHANGE TO BLOCK DIRECTORY ASSISTANCE CALL COMPLETION.

SIGNATURE: _____

DATE: _____