Cooperative Telephone Exchange Serving Kamrar and Stanhope Since 1946 425 Parker St + Stanhope IA 50246

515-826-3206

www.cooptelexchange.com

# SERVICE APPLICATION

	Residential Business				
	ER INFORMATION				
Applicant					
Name	SSN or Tax ID				
Cell Ph	Date of Birth				
Email	Employment				
Service Address	City				
Billing Address	State Zip				
Previous Service with us? Yes No					
How would you like to receive your bill? Email	Paper via mail Both				
Are you renting? Yes No Landlord	Phone #				
<b>Co-Applicant</b> Name	Social Security #				
Cell Ph	Date of Birth				
SERVIC	E INFORMATION				
	((p))				
Internet	Internet-Add-Ons				
	Managed Wi-Fi\$9.95/Month				
100 Mb Internet\$75.00/Month	Managed Wi-Fi Extender\$4.95/Month				
	Email Address @netins.net				
300 Mb Internet\$115.00/Month	Mother's Maiden Name(For security)				
800 Mb Internet\$155.00/Month	Password (Provided by Aureon)				
Includes unlimited local telephone service	Additional email addresses available upon request				
FOR	CTE USE ONLY				
	Additional Information/Special Instructions				
Phone Number Assigned					
Service Start Date					
Account #					



Membership Number\_



STANHOPE //	515-826-3206
EACHANGE	www.cooptelexchange.com
PHONE SERVICE	OPTIONS
Based on our Telephone Service Catalog, Cooperative Telephone Exchange requires a landline t	
Membership       (One-time \$25.00 charge)         I would like to be a member of CTE       Yes       No         CTE pays back dividends to our members as our Board of Directors approve.       Capital Credit patronage is 7 years behind.	Directory Listing Listed Unlisted If listed, how would you like it to read?
Long Distance Service (Various plans available) Must be a member	Caller ID Name:
	Will appear on all outgoing calls. Last name. first name.
Yes LD Plan requested	Leased Phones Available upon request
Wiring Agreement       (Phone only \$.50 - Phone, Internet, Video \$1.00/Month)         Yes       No         Covers repair costs of CTE installed wiring inside your home. Does not cover         customer installed wiring.       Other restrictions may apply.         Residential single line phone service       \$30.00 (Business rates available)	Check any additional FREE services you would like to add 900 Number Blocking Block Directory Assistance Call Completion Block Third Party Billing
VIDEO SERV	
Digital Video Service (Includes 1 set top box) Basic Video\$99.95 Expanded Basic Video\$107.95 Whole Home DVR\$7.00 Additional Set Top Box\$5.00/ea Quantity Bundle Discount (Must have phone, internet & video) Bundle # Installation charges: \$25.00 for 1st STB and \$10.00 for each addition	
AUTHORIZED CONTACT	INFORMATION
Keeping your information private is important to us. In keeping the Customer Proprie	etary Network Information (CPNI) rules, we are asking that you provide the

information below, so that we can confirm with whom we are speaking when you contact us by phone. Additionally, you may add other "authorized" users to your account. They can be anyone you wish, or those that need to have access, to make changes to your account with us.

Authorized User #1	Auth	orized	User	#1
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Authorized User #2 Requested Password

Applicant Signature

#### **BILLING PROCESS**

First month service plus installation charges must be paid before service can be established. Bills are mailed on the first of the month and subject to disconnect on the 25th of the month. There is a \$5.00 late fee applied to each service paid after the 25th. If the bill is not paid by the 20th of the month, a reminder notice will be mailed to you. For payment options please visit www.cooptelexchange.com. There is a drop box in the front of the Stanhope office for your convenience.

We accept MasterCard, Visa & Discover credit or debit cards and we have an automated bill paying service.

Customers can pay online at www.cooptelexchange.com as well as in our office at 425 Parker Street or by mail to PO Box 95, Stanhope, IA 50246. CUSTOMER ACKNOWLEDGEMENT

In completing this application, the undersigned agrees to the rules and regulations of Cooperativ	ve Telephone Exchange as set forth in the exchange tariff, and
to any changes in rules, or rates for the service furnished under this application. I understand th	at all charges listed on this application are monthly and do not
include taxes, regulatory fees or installation charges. I authorize CTE to install all appropriate eq	uipment for the services I requested. All leased equipment is
the property of CTE and is required to be returned upon disconnection of service.	
Applicant's Signature	Date

**Co-Applicant Signature** 

Date



## Complete all sections which apply

## LIFELINE

Lifeline is a federal program that lowers the monthly cost of phone and internet. Eligible customers will get a monthly credit on their bill. You can only use Lifeline for either phone or internet, but not both. To find out if you are eligible or for more information, call our office or visit www.lifelinesupport.org. By signing this application, you are acknowledging that you have been made aware of the Lifeline program.

#### CRAMMING

Cramming is the practice of placing unauthorized, misleading or deceptive charges on a customer's telephone bill. CTE offers Third Party Blocking, Toll Blocking or Toll Limitation services. Third Party Blocking will help prevent the placement of unauthorized charges on customer telephone bills, an unlawful and fraudulent practice referred to as "cramming". To detect these unauthorized charges, CTE

"telecommunication charges" from "Cramming". CTE cannot guarantee ALL Third Party calls will be blocked.

## **ELECTRONIC BANKING (ACH)**

With our **Direct Payment Program**, you will not have to write another check to pay for your monthly bill. When you enroll, we will automatically deduct the "TOTAL AMOUNT DUE" (found on your bill) directly from your checking account on the 1st of each month. You will continue to receive your monthly bill for review, but it will show "Do not pay, bill will be paid automatically by your bank".

## I wish to enroll in CTE Electronic Banking (ACH)

I (we) hereby authorize Cooperative Telephone Exchange, hereinafter called COMPANY, to initiate debit entries to my (our) checking account indicated below, at the depository name below, hereinafter called DEPOSITORY, to debit same to such account from my checking account on the first (1st) of each month.

The authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me of its termination and/or bank account is discontinued, in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. The notification to the Company should reach them prior to the 20th of the month with termination to affect the next month's billing. I understand that adequate account balances must be maintained by me for the ACH debit on the 1st. If not, a fee will be charged to my account and the resulting non-payment could lead to disconnection of service.

#### For verification purposes, a voided check must accompany this agreement.

Name on Account	Bank Name
ABA/Routing Number	City, State, Zip
Account Number	Signature