

425 Parker St • Stanhope IA 50246 515-826-3206

www.cooptelexchange.com

SERVICE APPLICATION

SSN or Tax ID Cell Ph		Residential Business
SSN or Tax ID Cell Ph	CUSTOI	MER INFORMATION
Cell Ph	Applicant	
Email	Name	SSN or Tax ID
Service Address State	Cell Ph	Date of Birth
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 # Co-Applicant Name Social Security # Cell Ph Date of Birth AUTHORIZED CONTACT INFORMATION Keeping your information private is important to us. In keeping the Customer Proprietary 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 Authorized User #2 Applicant Signature Requested Password BILLING PROCESS First month service plus installiation 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. FOR CTE USE ONLY Additional Information/Special Instructions Phone Number Assigned Account #	Email	Employment
How would you like to receive your bill?	Service Address	City
How would you like to receive your bill?	Billing Address	State Zip
Co-Applicant Name Social Security # Cell Ph Date of Birth AUTHORIZED CONTACT INFORMATION Keeping your information private is important to us. In keeping the Customer Proprietary 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 Authorized User #2 Applicant Signature Requested Password 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. FOR CTE USE ONLY Additional Information/Special Instructions Phone Number Assigned Account #	Previous Service with us? Yes No	
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Name Social Security #	Are you renting? Yes No Landlord	Phone #
Name Social Security #	Co-Applicant	
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Authorized User #1		
Authorized User #1	your account. They can be anyone you wish, or those that need to have acc	cess, to make changes to your account with us.
Applicant Signature	,,,,,,,,,,,,,,	,
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Additional Information/Special Instructions Phone Number Assigned		
Phone Number Assigned Service Start DateAccount #		
Service Start DateAccount #	Phone Number Assigned	· ·
Marchandra Northan	Service Start DateAccount #	
	Membership Number	



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PHONE SERVICE	OPTIONS
Based on our Terms and Conditions, Cooperative Telephone Exchan	nge requires local telephone service with internet service.
Residential Single Line Phone Service	\$20.07/Month
(Business multi-line rates available)	
	de very home
Wiring Agreement - Covers repair costs of CTE installed wiring insid	de your nome\$ 1.00/Wonth
Long Distance Service (Various plans available) Must be a member	r LD Plan requested
Caller ID Name Will appear	on all outgoing calls. Last name, first name. 15 character max.
Directory Listing Listed Unlisted If listed, how would you li	ke it to read?
Check any additional FREE serv	vice you would like to add
900 Number Blocking Block Directory Assistance Ca	Il Completion Block Third Party Billing
MEMBERS	SHIP
I would like to be a member of Cooperative Telephone Exchange. CTE pays back dividends to our members as our Board of Directors app	5 ·
BROADBAND INTERN	
100Mbps Internet \$45.00 + \$29.97 phone = \$74.97	
300Mbps Internet \$85.00 + \$29.97 phone = \$114.97	Managed Wi-Fi Router - \$9.95/Month
800Mbps Internet \$125.00 + \$29.97 phone=\$154.97	Managed Wi-Fi Extender - \$4.95/Month
Local telephone service is required to have internet. They will be listed separately on your monthly bill.	
NETINS EI	MAIL
Email	
Mother's Maiden Name(For security)	
Password (Provided by Aureon)	
Additional email addresses ava	
VIDEO SERV	
Digital Video Service (Includes 1 set top box)	Premium Channels
Basic Video\$99.95	HBO\$17.95
Expanded Basic Video\$107.95	Showtime\$17.95
Whole Home DVR\$7.00	Starz/Encore\$14.95
Additional Set Top Box\$5.00/ea Quantity	Cinemax\$12.95
Bundle Discount (Must have phone, internet & video) Bundle #	- - ·
Installation charges: \$25.00 for 1st STB and \$10.00 for each addition	•
CUSTOMER ACKNOV	VLEDGEMENT
In completing this application, the undersigned agrees to the rules and regulations of Coope	erative 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 understan	d that 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	e equipment 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



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Complete all sections which apply

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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 separates all Miscellaneous Charges and Credits on the toll statement of each bill, which allows customers to define legitimate "telecommunication charges" from "Cramming". CTE cannot guarantee ALL Third Party calls will be blocked.

With our Direct Payment Program, you will not have to write another	check to pay your monthly bill. When you enroll, we will automatically deduct the			
"TOTAL AMOUNT DUE" (found on your bill) directty from your chekcing	g acount 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 paid automatically by	your bank"			
I wish to enroll in CTE Electronic Banking (ACH)			
I (we) hereby authorize Cooperative Telephone Exchange , hereinafter	r called COMPANY, to initiate the debit entries to my (our) checking account			
indicated below, at the depository name below, hereinafter called DEI	POSITORY, to debit same to such account from my checking account on the			
first (1st) day 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 a	fford COMPANY and DEPOSITORY a reasonable opportunity to act on it. The			
notification to the Company should reach them prior to the 20th of th	e month with termination to affect the next month's billing. I understand that			
adequate account balances must be maintained by me for the ACH de	bit 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			