

## $\frac{\text{CUSTOMER HAS RECEIVED AND}}{\text{UNDERSTANDS CHECKLIST}}$

CUSTOMER INITIALS

| Office use only:   | DEPOS   |   |                                       |                         |  |
|--|---|---|---------------------------------------|-------------------------|--|
| Casho  | r Check#Am  | nt. Paid                                |                                       |                         |  |
| Letter of Credit   | t   |   |                                       |                         |  |
| DATE   |   |   |                                       |                         |  |
| NAME(S)  | CANT)   | &/OR                                    |                                       |                         |  |
| (APPLIC  | ANT)  |   | (SPOUSE, CO-API                       | PLICANT)                |  |
| MAILING ADDRESS  |   |   |                                       |                         |  |
| 911 ADDRESS  | (Street Address or PO Box)  | (City)                                  | (State)                               | (Zip)                   |  |
| EMAIL:   |   | EMAIL BIL                               | L?YN PAP                              | ER?YN                   |  |
| PRESENT EMPLOYE  | ER  | ADDRESS                                 |                                       |                         |  |
| OCCUPATION   |   |   |                                       |                         |  |
|  | an.   | CELL PHON                               | NE NO                                 |                         |  |
| SPOUSE'S EMPLOYI   | ER  | WORK PHONE NO<br>CELL PHONE NO          |                                       |                         |  |
| FORMER OR CURRI  | ENT ADDRESS   | CELL I HO                               | NE 110                                |                         |  |
|  |   | dress) (City)                           | (St) (Z                               | ip)                     |  |
| FORMER OR CURRI  | ENT TELEPHONE NUMBER  | <u> </u>                                | Disconne                              | ct Date                 |  |
| DO YOU WANT TO H   | BE LISTED IN THE DIRECTO  | ORY? Yes                                |                                       | .05 PER MO<br>OR NONPUB |  |
| DIRECTORY NAME   |   |   |                                       |                         |  |
| WOULD YOU LIKE YO  | OUR ADDRESS INCLUDED Yes  | No M                                    | lailing or St                         | treet                   |  |
|  | R OWN PHONE?YES<br>OR   |   |                                       |                         |  |
| LEASE PHONE FROM   | M US @ \$1.30 PER MO  | Wall                                    | Desk                                  |                         |  |
| HOW MANY   | WHITEBEIGH  | EBROW                                   | /N                                    |                         |  |
| performs all maintenar<br>abuse will be charged t<br>PHONES OWNED BY | ANY OWNED PHONES LEA<br>nce with no additional charge to<br>to customer.<br>CUSTOMER: Telephone Co.<br>.00 trip charge if trouble trip is | to customer. Phon<br>mpany will not rep | es that reflect ex<br>pair. Telephone | traordinary             |  |
|  | <u>OPTIO</u>  | <u>NS</u>                               |                                       |                         |  |
| CALL WAITING-S   |   | NAME & NUMB                             | SER-\$5 PER MO<br>OTHER OF            | PTIONS                  |  |



## MAINTENANCE WIRING OPTION

| 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.  SignedDate  | 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. |  |
|---|--|--|
| of billing calling card, collect or third party calls to me. I understand that the toll carrier is restricted   | 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                      |  |
| I AGREE to let the Telephone Company provide my name and address to toll carriers for the purpose   | from making any calling card calls, or from receiving collect calls, or having third party calls billed to my number.  |  |
| SIGNATURE PER FCC REGULATIONS, APPLICANTS FOR NEW SERV VALID GOVERNMENT ISSUED PHOTO ID. IF THE APPL A NOTARIZED STATEMENT ATTESTING TO THE FACT IDENTIFICATION TO A NOTARY PUBLIC MUST BE SUB Please check one of the following options ONLY if NUMBER   | LICANT IS UNABLE TO PROVIDE PHOTO ID IN PERSON, THAT THE APPLICANT HAS PRESENTED THIS EMITTED WITH APPLICATION.  |  |
| Company as set forth in the exchange tariff, and to service furnished under this application. This app writing by the Telephone Company.  APPLICANT'S SSN: DL # SPOUSE/ CO-APPLICANT'S SSN of Birth   | lication becomes a contract when accepted in   |  |
| I understand and agree that the above information telephone service and/or equipment. I understand and/or equipment. I understand and instruct any pagency to compile and furnish to Peoples Telecon the entity on whose behalf I am making this applic In making this application the undersigned agrees | that a suitable deposit may be required for service person, consumer reporting agency or credit card nmunications LLC any information it has on me or eation.              |  |
| YES to share your CPNI (Customer Propriets NO-Do not share my CPNI (Customer Propri   | ary Network Information) see attached form<br>ietary Network Information) see attached form  |  |
| Option #3I will hire the telephone company as charge of \$40.00 for the trip & an ad  |  |  |
| Option #2 I will be responsible for the mainter is called to find the trouble it will co  | nance & understand if the telephone company st me \$40.00 for the trip & no repair.  |  |
|   |  |  |