## **East Buchanan Telephone Cooperative**

## **Service Application**

| Name:               |        |                       |               |             |         |    |                |          | Date:            |  |
|---------------------|--------|-----------------------|---------------|-------------|---------|----|----------------|----------|------------------|--|
|                     | Last   |                       | First         |             |         |    |                |          |                  |  |
| Address:            | 04     | Address               |               |             |         |    |                |          | A                |  |
|                     | Stree  | Address               |               |             |         |    |                |          | Apartment/Unit # |  |
|                     |        | City                  |               |             |         |    | State          |          | ZIP Code         |  |
| Mailing Add         | ress:  |                       |               |             |         |    |                |          |                  |  |
|                     |        | Street Address/PO Box |               |             |         |    |                |          | ZIP Code         |  |
|                     |        | City                  |               |             |         |    | State          |          | Zip Code         |  |
| Cell Phone:         |        |                       |               |             | Ema     | l  |                |          |                  |  |
| Birth Date:         |        | Soc                   | cial Security | No:         |         | OR | Priver's Lic   | ense No  | :                |  |
| Previous Ad         | ldress | :                     |               |             |         |    |                |          |                  |  |
| Eligible for L      | _inkup | YES                   | NO            |             |         |    | per of East Bu | uchanan? | YES NO           |  |
| Residenc            | e:     | RENT C                | OWN           |             |         |    |                |          |                  |  |
|                     |        | _                     |               |             | Employe | r  | _              |          | _                |  |
| Present Employer:   |        |                       |               |             |         |    |                |          |                  |  |
|                     |        |                       |               | City/State: |         |    |                |          |                  |  |
| _                   | _      | _                     |               |             | Spouse  |    | _              |          | _                |  |
| Name:               |        |                       |               |             | ·       |    | lo:            |          |                  |  |
| Cell Phone:         |        |                       |               |             |         |    |                |          |                  |  |
| Employer:           |        |                       |               |             |         |    |                |          |                  |  |
|                     |        |                       |               | _           |         | _  |                | _        |                  |  |
| Authorized          | Users  | On Account:_          |               |             |         |    |                |          |                  |  |
|                     |        |                       |               |             |         |    |                |          |                  |  |
|                     | 101 70 | count:                |               |             |         |    |                |          |                  |  |
| Backup<br>Question: | ,      | What is your f        | avorite colo  | or?         |         |    |                |          |                  |  |

East Buchanan Telephone Cooperative is an Equal Opportunity Provider

| Assigned Phone No:   |  | Listed  | Non-<br>Published                              |   |   |    |  |  |  |  |  |
|--|--|---|--|---|---|----|--|--|--|--|--|
| Long Distance Carrier:   |  | Plan:   |  |   |   |    |  |  |  |  |  |
| Preferred Carrier Freeze on Long Distance Service?  YES NO  □  |  |   |  |   |   |    |  |  |  |  |  |
| Custom Calling Features: \$2.00  | Caller Id - \$4 Wa   | all<br>iting Call Fwd   | Speed<br>Calling                               | 3-Way<br>Calling                                      | Call Fwd  |    |  |  |  |  |  |
| Permanent Resident who can furnish us with your current address in the future so you can receive any dividends to be refunded:   |  |   |  |   |   |    |  |  |  |  |  |
| Name:  |  |   | Relation                                       | Relationship:   |   |    |  |  |  |  |  |
| Address:   |  |   |  | Phone No:   |   |    |  |  |  |  |  |
|  |  |   |  |   |   |    |  |  |  |  |  |
| PICTURE ID REQUIRED  |  |   |  |   |   |    |  |  |  |  |  |
| Because the telephone company is a recipient of Federal Funds, it is required to ask the following questions to meet Title VI regulations. How would you like the telephone company to answer the following? |  |   |  |   |   |    |  |  |  |  |  |
| Which of the following is your   | racial/ethnic category   | ? (Circle One)  |  |   |   |    |  |  |  |  |  |
| * White  | * American Indian/Alask  |   |  |   |   |    |  |  |  |  |  |
| * Black or African   | * Asian  |   |  |   |   |    |  |  |  |  |  |
| * Hispanic or Latino   | * Native Hawaiian or Oti   | her Pacific Islander  |  |   |   |    |  |  |  |  |  |
| In making this application, the unde<br>tariff, and to any general changes in<br>disconnection and/or a cash deposi<br>required. Once delinquent, custome<br>any and all services may occur if yo            | rules or rates for the servi<br>t will be required. If applica<br>r will be responsible for an | ice furnished under t<br>nt's credit rating is n<br>y collection costs as | his applicati<br>ot found to l<br>sociated wit | on. If any misi<br>be satisfactory<br>th the recovery | nformation is given above,<br>, a cash de posit will be | of |  |  |  |  |  |
| Signature:   |  |   | Date:  |   |   |    |  |  |  |  |  |