

East Buchanan Telephone Cooperative

The following Service Application is designed to collect basic customer information.

Our Communication Consultants will also need to discuss the exact service(s) you would like to receive, associated equipment required, installation date(s) and cost, membership in our Cooperative along with any deposit (if required). Please complete the following Service Application and return to our office (214 Third Street N., Winthrop, IA.) in person, via US postal service, fax (319-935-3010) or email (Christy.Wolfe@eastbuchanan.com). If you have any questions please contact us at 319-935-3011 or toll free at 866-327-2748.

Upon receipt of your Service Application our Communication Consultants will then contact you to discuss the additional information mentioned above.

Thank you for your interest in our Cooperative and we look forward to serving your communication needs.

Service Application

Name: _____ Date: _____
Last First

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Mailing Address: _____
Street Address/PO Box State ZIP Code

City State Zip Code

Cell Phone: _____ Email _____

Birth Date: _____ Social Security No: _____ OR Driver's License No: _____

Previous Address: _____

Eligible for Linkup Iowa? YES NO

Previous Member of East Buchanan? YES NO

Residence: RENT OWN

Employer

Present Employer: _____ Address: _____

Phone No: _____ City/State: _____

Spouse

Name: _____ Social Security No: _____

Cell Phone: _____ OR Driver's License No: _____

Employer: _____

Authorized Users On Account: _____

Password for Account: _____

Backup

Question: What is your favorite color? _____

East Buchanan Telephone Cooperative is an Equal Opportunity Provider

Assigned Phone No: _____ Listed Non-Published

Long Distance Carrier: _____ Calling Plan: _____

Preferred Carrier Freeze on Long Distance Service? YES NO

Custom Calling Features: \$2.00/ea. Caller Id - \$4 Call Waiting Call Fwd Speed Calling 3-Way 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: _____ 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
- * Black or African
- * Hispanic or Latino
- * American Indian/Alaska Native
- * Asian
- * Native Hawaiian or Other Pacific Islander

In making this application, the undersigned agrees to the rules and regulations of the Telephone Company as set forth in the Exchange tariff, and to any general changes in rules or rates for the service furnished under this application. If any misinformation is given above, disconnection and/or a cash deposit will be required. If applicant's credit rating is not found to be satisfactory, a cash deposit will be required. Once delinquent, customer will be responsible for any collection costs associated with the recovery of the debt. Disconnection of any and all services may occur if you have a debt with any East Buchanan service that we offer.

Signature: _____ Date: _____