



DATE: _____ SOCIAL SECURITY# OR FED. I.D. # _____

APPLICANTS NAME: (PLEASE PRINT JUST LIKE YOU WANT IT IN THE DIRECTORY)

SERVICE ADDRESS: (WHERE YOU ARE REQUESTING SERVICE)

CITY: _____ STATE: _____ ZIP CODE _____

DO YOU WANT YOUR NUMBER TO BE UNLISTED: YES _____ NO _____ (\$1.00/month)

DO YOU WANT FREE 900 BLOCKING: YES _____ NO _____

ARE YOU RENTING: YES _____ NO _____ IF SO, WHO IS YOUR LANDLORD _____

YOUR CELLPHONE #: _____

I AM EMPLOYED AT: _____

WIRING MAINTENANCE: YES _____ NO _____ (\$.50/month)

DO YOU WANT TO LEASE EQUIPMENT FROM US: YES _____ NO _____ WHAT TYPE OF EQUIPMENT DO YOU WANT TO LEASE FROM US; OR IS THERE EQUIPMENT ALREADY AT YOUR LOCATION; IF SO WHAT TYPE IS THERE: _____

PLEASE PICK A LONG DISTANCE CARRIER FROM THE LIST PROVIDED:

MY CHOICE FOR INTRALATA CARRIER IS: _____
(WITHIN THE 319 AREA CODE)

MY CHOICE FOR INTERLATA CARRIER IS: _____
(THE REMAINDER OF IOWA & OUT OF STATE)

*I WOULD LIKE MY CARRIER PIC TO BE FROZEN: YES _____ NO _____

Because the Telephone Company is a recipient of Federal Funds, it is required to ask the following question 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? Check the correct group.

- White (not of Hispanic Origin)
- Black (not of Hispanic Origin)
- Hispanic
- American Indian or Alaskan Native
- Asian or Pacific Islander

LOW INCOME ASSISTANCE IS AVAILABLE TO QUALIFIED APPLICANTS, DO YOU WISH TO HAVE AN APPLICATION FOR IT: YES _____ NO _____

WOULD YOU LIKE OUR INTERNET SERVICE: 1 MEG (\$39.95) _____ 3 MEG(\$54.95) _____

WHAT WOULD YOU LIKE FOR YOUR

USERNAME: _____ PASSWORD: _____

MOTHER'S MAIDEN NAME: _____

WOULD YOU LIKE OUR CABLE TV SERVICE: BASIC _____ DIGITAL _____

PREMIUM CHANNELS _____

In making this application the undersigned agrees to the terms and conditions of the Telephone Co. as set forth in the Standard Agreement for local exchange service, and to any general changes in terms and conditions, or rates for the service furnished under this application.

APPLICANTS SIGNATURE: _____



Establishing a Password

Under the new FCC rules governing the use and disclosure of Customer Proprietary Network Information (CPNI), there are certain circumstances under which *Cooperative Telephone Company* may be permitted to respond to your inquiries regarding call detail information or certain account information only by the customer first providing a pre-established password, the company calling the telephone number listed on the account, or the company sending such information to the mailing address or electronic address on record (See Establishing and E-mail Address of Record). If you wish to establish a password, you must notify us of the password by completing the form below. **The password you choose CANNOT be related to your family history or account information (account number, home address, social security number, mother's maiden name, etc) and must be at least 6 alphanumeric characters long (Ex. Sc02hs).** This form will establish a password and back-up question only for purposes of service and account inquiries, including inquiries relating to CPNI. If you wish to establish a password and back-up question, please take this opportunity to complete the section below and mail it back to us in the provided envelope. The password can be the same as your online account password as long as you follow the guidelines in bold above.

Designated Password for Account Inquiries:

_____ (Print)

Designated Answer to the Back-Up Question:

What is your favorite color? _____

IMPORTANT: By signing below, the customer is providing the company with express, written approval to use the above password and back-up question before providing any information regarding service and account inquiries made by the account owner or designated account users. This approval includes responses to inquiries related to the customer's services generally and specifically to inquiries concerning call detail information and account information, including Customer Proprietary Network Information.

_____ Account Owner (Print)

_____ Signature

_____ Date

_____ Telephone Number on Account