



APPLICATION FOR TELECOMMUNICATIONS SERVICE

DATE: _____

FOR OFFICE USE ONLY	MEMBER NUMBER: _____
SERVICE ORDER NUMBER: _____	SUBSCRIBER TELEPHONE NUMBER: _____

PERSONAL INFORMATION

NAME:	SOCIAL SECURITY #:
PHYSICAL(911) ADDRESS:	DRIVER LICENSE #:
CITY/ STATE/ ZIP CODE:	
NAME OF SPOUSE:	SOCIAL SECURITY #:

BILLING INFORMATION

BILLING NAME:
BILLING OR MAILING ADDRESS:
CITY/ STATE/ ZIP CODE:

LONG DISTANCE CARRIER INFORMATION

PLEASE SELECT YOUR PREFERRED TELECOMMUNICATIONS CARRIER FOR EACH CATEGORY BELOW.

INTRA-LATA (IN-STATE) LONG DISTANCE: _____

INTER-LATA (INTERSTATE) LONG DISTANCE: _____

INTERNATIONAL LONG DISTANCE: _____

NOTE: YOU MAY ELECT TO HAVE YOUR CARRIER SELECTION "FROZEN". BY FREEZING YOUR SELECTED CARRIER, NO ONE CAN CHANGE YOUR SELECTED CARRIER WITHOUT YOUR EXPLICIT WRITTEN AUTHORIZATION. OUR CUSTOMER SERVICE REPRESENTATIVE WILL BE HAPPY TO PROVIDE THE APPROPRIATE FORM AND ASSIST YOU IN "FREEZING" YOUR CARRIER SELECTION.

DIRECTORY LISTING

PLEASE CHECK THE APPROPRIATE BOX FOR THE TYPE OF DIRECTORY LISTING YOU PREFER:

PRIVATE- **NON- LISTED AND UNABLE TO ACQUIRE YOUR NUMBER FROM DIRECTORY OR OPERATOR ASSISTANCE**

UNLISTED- **NON- LISTED BUT NUMBER CAN BE ACQUIRED FROM OPERATOR ASSISTANCE**

PUBLISHED- **YOUR NAME AND TELEPHONE NUMBER WILL APPEAR IN THE TELEPHONE DIRECTORY**

IF YOU SELECT PUBLISHED, DO YOU WANT YOUR ADDRESS TO BE LISTED IN THE DIRECTORY: **YES** **NO**

IF YES, PLEASE LIST ADDRESS: ONLY IF DIFFERENT FROM YOUR BILLING ADDRESS :

TYPE OF SERVICE

PLEASE INDICATE THE TYPE OF SERVICE REQUIRED:

RESIDENTIAL

MULTI- LINE RESIDENTIAL

BUSINESS

MULTI- LINE BUSINESS

COUNTY INFORMATION

PLEASE CIRCLE THE COUNTY WHERE YOUR SERVICE WILL BE LOCATED.

MONTGOMERY- 03

BULLOCK- 09

CRENSHAW- 24

LOWNDES- 45

PIKE- 55

HOUSING INFORMATION

STATUS: EXISTING DWELLING

NEW HOME- UNDER CONSTRUCTION

TYPE: BRICK HOUSE___ WOOD HOUSE___ DOUBLE- WIDE MOBILE HOME___ SINGLE- WIDE MOBILE HOME___ LODGE___

OTHER, SPECIFY: _____

AACS INFORMATION

WOULD YOU LIKE AN ITEMIZED DETAIL LISTING OF YOUR " ALABAMA AREA CALLING SERVICE " : YES NO

TELEPHONE AND EMPLOYMENT INFORMATION

HAVE YOU EVER HAD SERVICE WITH MON-CRE: (YES) (NO) IF YES WHAT WAS YOUR PHONE NUMBER: _____

WAS YOUR SERVICE UNDER A DIFFERENT NAME? (YES) (NO) IF YES WHAT NAME? _____

PREVIOUS TELEPHONE COMPANY: _____ PREVIOUS TELEPHONE NUMBER: _____

EMPLOYER NAME: _____ EMPLOYER TELEPHONE #: _____

EMPLOYER ADDRESS: _____

LENGTH OF EMPLOYMENT: _____ POSITION: _____

EMERGENCY INFORMATION

NEIGHBOR NAME _____ NEIGHBOR TELEPHONE NUMBER: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT TELEPHONE NUMBER: _____

EXTRA DIRECTORY LISTING INFORMATION

IF YOU WOULD LIKE TO HAVE AN ADDITIONAL DIRECTORY LISTING, PLEASE GIVE THE NAME(S) TO BE LISTED: (USE SPACE ON BACK, UNDER "SPECIAL INSTRUCTIONS" IF NECESSARY):

CREDIT REFERENCES

PLEASE LIST TWO CREDITORS BELOW:

NAME: 1) _____ 2) _____

ADDRESS: _____

CITY/ STATE/ ZIP CODE: _____

ACCOUNT NUMBER: _____

CUSTOMER RESTRICTION OPTIONS

BLOCK 900 BLOCK 800 TOTALLY TOLL DENY BLOCK COLLECT CALLS BLOCK ALL 3RD PARTY CALLS
 BLOCK INTERNATIONAL TOLL DENY WITH ACCESS CODE (IF YES, PLEASE SPECIFY CODE UP TO SIX DIGITS: _____)

CUSTOMER PREMISE EQUIPMENT

CUSTOMER OWNS SETS

CUSTOMER WILL LEASE SETS FROM TELEPHONE COMPANY

TYPES OF SETS AVAILABLE FOR LEASE:

TOUCHTONE DESK

TOUCHTONE WALL

MULTI- LINE BUSINESS SYSTEM

**** DESK, WALL PHONES, AND MULTI- LINE BUSINESS SYSTEMS ARE AVAILABLE IN ASH COLOR ONLY ****

IF LEASING EQUIPMENT FROM TELEPHONE COMPANY, INDICATE THE NUMBER OF SETS REQUIRED: _____

HAS THIS DWELLING EVER HAD TELEPHONE SERVICE: YES NO

WILL ANY ADDITIONAL TELEPHONE JACKS BE REQUIRED: YES NO IF YES, PLEASE SPECIFY NUMBER REQUIRED: _____

WOULD YOU LIKE TO ADD THE " INSIDE WIRING MAINTENANCE PLAN":

YES THIS PLAN WILL COVER ALL PREMISE WIRING ACCEPTED BY, OR INSTALLED BY MON- CRE TELEPHONE CO-OP, INC.

NO CUSTOMER ACCEPTS ALL RESPONSIBILITY FOR INSIDE WIRING AND COULD BE CHARGED FOR A PREMISE VISIT FOR REPAIRS.

CUSTOM CALLING FEATURES

PLEASE SELECT THE CUSTOM CALLING FEATURES THAT YOU WOULD LIKE BY CHECKING THE APPROPRIATE BOXES ON THE ENCLOSED LIST OF CALLING FEATURES.

MEDICAID INFORMATION

ARE YOU ELGIBLE FOR MEDICAID YES NO IF YES, PLEASE ENTER MEDICAID NUMBER: _____

MON-CRE INTERNET SERVICE

MON-CRE OFFERS DIAL-UP INTERNET SERVICE AND HIGH-SPEED INTERNET SERVICE WITH DSL.

THERE IS A \$25.00 SET-UP FEE FOR BOTH OPTIONS.

WOULD YOU LIKE DIAL-UP INTERNET SERVICE @ \$21.95 PER MONTH? (YES) (NO)

IF YOU ARE INTERESTED IN HIGH-SPEED INTERNET SERVICE UTILIZING DIGITAL SUBSCRIBER LINE (DSL) , LET OUR CUSTOMER REPRESENTATIVE EXPLAIN THE OPTIONS AVAILABLE TO YOU.

IF YOU CHOOSE EITHER ONE OF OUR INTERNET SERVICES YOU WILL NEED TO GIVE US A NAME THAT WILL BE USED AS YOUR LOG-ON ID. YOUR LOG-ON ID CAN BE UP TO 15 CHARACTERS AND MAY CONSIST OF A COMBINATION OF LETTERS AND NUMBERS, HOWEVER ALL LETTERS MUST BE LOWER CASE, AND THE FIRST CHARACTER OF YOUR LOG-ON ID MUST BE A LETTER.

MY CHOSEN LOG-ON ID IS: _____

SPECIAL INSTRUCTIONS AND DIRECTIONS

NEAREST INTERSECTION:	AND
OTHER DETAILS:	

AGREEMENT

IN MAKING THIS APPLICATION, THE UNDERSIGNED AGREES TO COMPLY WITH AND BE BOUND BY THE ARTICLES OF INCORPORATION, BY-LAWS OF THE COOPERATIVE, AND ANY RULES AND/OR REGULATIONS ADOPTED BY THE BOARD OF TRUSTEES OF THE COOPERATIVE.

APPLICANT ALSO UNDERSTANDS AND AGREES THAT MONTHLY BILLS RECEIVED FROM THE COOPERATIVE ARE DUE AND PAYABLE UPON RECEIPT, AND ARE OVERDUE AFTER TWENTY (20) DAYS FROM THE DATE SHOWN ON THE BILL. FAILURE TO PAY ON OR PRIOR TO THE DUE DATE MAY RESULT IN TERMINATION OF SERVICE UNTIL CHARGES ARE PAID.

IN THE EVENT OF DISPUTE BETWEEN THE SUBSCRIBER AND THE COOPERATIVE REGARDING ANY CHARGE FOR GOODS OR SERVICES SHOWN ON SUBSCRIBER'S BILL, THE COOPERATIVE WILL IMMEDIATELY INVESTIGATE THE MATTER DISPUTED AND REPORT THE RESULT OF SAID INVESTIGATION TO THE SUBSCRIBER. IN THE EVENT THAT NO RESOLUTION TO DISPUTE IS REACHED, THE COOPERATIVE WILL NOTIFY THE SUBSCRIBER OF HIS OR HER RIGHT TO APPEAL TO THE ALABAMA PUBLIC SERVICE COMMISSION. THE COOPERATIVE RETAINS IT'S RIGHT, AS DOES THE SUBSCRIBER, TO APPLY TO THE ALABAMA PUBLIC SERVICE COMMISSION FOR FINAL RESOLUTION OF DISPUTE.

IF, AFTER INVESTIGATION, APPLICANT'S CREDIT RATING IS LESS THAN SATISFACTORY, ADDITIONAL CASH DEPOSIT MAY BE REQUIRED IN ORDER FOR SERVICE TO BE ALLOWED.

AMOUNT OF DEPOSIT: \$ _____ MEMBERSHIP CHARGE: \$ _____

THE INFORMATION PROVIDED IN THIS APPLICATION FOR SERVICE IS TRUE AND COMPLETE. I UNDERSTAND ANY MISSTATEMENT OR OMISSION MAY BE CAUSE FOR ADJUSTMENT OF TERMS OR REJECTION OF THIS APPLICATION FOR SERVICE.

APPLICANT SIGNATURE: _____ DATE: _____

