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CUSTOMER INFORMATION

Applicant Name (Please print above) Social Security Number Drivers License Number

Place of Employment & Phone Number E-Mail Address

Daytime Number Previous Phone number & Company

Location Address: House number, Street & City Township

Co-Applicant Name Social Security Number Drivers License Number

Place of Employment & Phone Number E-Mail Address

Billing Name Billing Address: House number, Street & City

Nearest Relative Name & Phone Number Landlord's Name & Phone Number

INSTALLATION INFORMATION

Requested Date of Installation: \_\_\_\_\_ Is this a new structure? Yes  No

Is this:  Residential  Business Metro Calling:  Unlimited  Measured

Listing:  Published \_\_\_\_\_  Non-Published  Non-Listed

LONG DISTANCE

It is your responsibility to contact the long distance carrier of your choice to establish an account and ensure appropriate billing.

I choose \_\_\_\_\_ as my long distance carrier and I (do/do not) want a block on my long distance so no other companies can change my long distance service without my knowledge.

Pin Number \_\_\_\_\_

MISC INFORMATION

Rapid Repair: Yes  No Toll Free number:  Yes  No