

GRISWOLD COOPERATIVE TELEPHONE COMPANY
APPLICATION FOR TELEPHONE, digital video & INTERNET
SERVICE

607 Main St., PO Box 640, Griswold, IA 51535; phone 712-778-2121; fax 778-2500; www.griswoldtelco.com

DATE: _____

1. Agreement with Rules and Regulations:

In completing this application the undersigned agree 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 regulated and non regulated service(s) furnished under this application.

2. Subscriber Name(s) & Social Security Number:

Applicants Name: _____ Social Security #: ____ - ____ - _____

OR

Co-Applicants Name: _____ Social Security #: ____ - ____ - _____

Both the Applicant and Co-applicant are responsible to pay for all rates and charges for all products and services.

3. Service Address: _____ City: _____ State: ____ Zip: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

4. Cooperative Organization – Stock Purchase

Being a cooperative the purchase of a share of stock for \$25.00 is recommended. The ownership of the share of stock is evidenced by the name(s) listed on the stock. The stock should be made out to subscriber(s) listed above.

Being a cooperative, the amount of margins after expenses are allocated to the patrons each year. The patron (subscriber), in order to receive the payment of margins, should inform the cooperative of any change in address. When the cooperative pays dividends, the dividends will be sent to the address on file. Upon receiving a returned check we will try to locate the patron for payment. However, if such person cannot be located, such person agrees to donate such dividend payment for the benefit of the cooperative. By signing you agree to be responsible for prompt monthly payments. In order to maintain our mailing address, please give the name and address of a close relative (other than spouse): _____

At the discretion of the telephone company, dividends could be applied in full or in part to the customers account if the customer has been late in payments 6 or more times and has been disconnected at least once in the past year.

Section for Office Use Only:

In Service Date: _____

Telephone Number: _____

Capital Credit #: _____

Deposit Amount: _____

Verify Photo ID: _____

5. Credit Information:

Deposit Consideration: If the below credit information is not adequate or information not complete, a cash deposit may be required before service can be established.

Current Place of Employment: _____

Previous Telephone Service: _____
Company & Town

Previous Telephone Number: _____

Monthly Toll Average: _____

Prior address: _____ City: _____ State: ____ Zip: _____

Did you Rent? _____ or Own? _____

If rented, please list Landlord Name and Address:

References in Prior Towns: (Preferably Business Reference)

List Major Credit Cards Held: _____, _____, _____

Establishment of Telephone Service:

- 6. Non-Regulated House Wiring (not available to residents of house trailers) ----- \$.50 per month
Maintenance Agreement: Yes ____ No _____

****With NO agreement the Telephone Company maintains the wiring on a time and material basis: The cost per visit to repair inside wire would cost approximately \$100.00 - \$120.00. This charge is based on trip, labor, and materials.

- 7. Non Regulated Telephone Equipment
Lease Our Telephones _____ Customer Owns Telephones _____

***The monthly lease rate on cooperative provided phones vary with telephone. In most cases the cooperative phones have a monthly rate of \$1.00 to \$1.75. The monthly rate includes all maintenance on the telephones.

- 8. Telephone Bill –Cycle and Payment Due Date

Monthly bills are mailed out on the 10th of the month and are due upon receipt. The bills indicate a payment date no later than the 30th of the month. Payment not received on or before the 30th of the month is subject to disconnection. Local service is billed in advance. Tolls are billed in arrears. For example a June 10th billing would include the toll calls for May 1 through May 31.

- 9. Special Telephone Programs are available for discounts on telephone service for qualifying individuals. Please ask for Link Up Iowa or Life Line Assistance forms if applicable.

- 10. Free 900 Call Blocking: Information Service Access Blocking is available to all customers. This feature allows a subscriber to block their line from originating 900 or 976 prefix numbers. The initial blocking request is at no charge; however, subsequent blocking and unblocking will result in a \$5.00 fee per occurrence. If you would like 900 blocking, please indicate by signing below.

11. Available Service and Options:

Service:

Residential _____	Call Forwarding _____ (basic, delayed, selective, remote access)	
Business _____	8 Speed Dial _____	Anonymous Call Rejection _____
Call Waiting _____	30 Speed Dial _____	Do Not Disturb _____
3 Way Calling _____	Key System _____	Priority Call _____
Voice Mail _____	Additional Lines _____	Voice Mail to Email _____
Caller ID Number _____	Selective Call Rejection _____	Music on Hold _____
Caller ID Name _____	Find Me Follow Me _____	Automatic Recall _____

Directory:

Published _____ Non-Published _____

If published, please indicate how to appear in Telephone Directory:

12. Long Distance Carriers:

Interlata _____ Intralata _____

Collect Calls: Accept _____ Block _____

3rd Party Calls: Accept _____ Block _____

Preferred Carrier Freeze: Yes _____ No _____

Digital Video Television Service (only in towns of Griswold, Elliott, Lewis, Lyman, & Grant)

Additional jacks needed? _____

Basic Package \$34.99 _____

HBO Movie Pkg. \$11.99 _____

Cinemax Movie Pkg. \$11.99 _____

Starz/Encore Movie Pkg. \$11.99 _____

Additional Set Top Box \$4.99/box/month _____

Internet Service

High Speed 512K (\$44.95) 768K (\$69.95) 1.5Mb (\$99.95) _____

Wireless Modem \$4.99/mo. _____

SecureIT Plus Computer Protection

First computer \$8.00 _____ Additional computers \$5.00 _____

Online Backup Service 50GB \$7.00 _____ 250GB \$15.00 _____

Signature of the Applicant and Co-Applicant Applying for Service:

**Applicant: _____

***Co-Applicant: _____

Date: _____

** Even if the application is not signed by the applicant, the acceptance of the service will have the effect of the person signing the application.

*** Even if the application is not signed by the co-applicant, the co-applicant is responsible for the account.