

**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.

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**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. Telephone Bill –Cycle and Payment Due Date**

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

**7. 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.**

**8. 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.**

\_\_\_\_\_

**9. Available Service and Options:**

Service:

Residential \_\_\_\_\_

Business \_\_\_\_\_

Call Waiting \_\_\_\_\_

3 Way Calling \_\_\_\_\_

Voice Mail \_\_\_\_\_

Caller ID Number \_\_\_\_\_

Caller ID Name \_\_\_\_\_

Call Forwarding \_\_\_\_\_ (basic, delayed, selective, remote access)

8 Speed Dial \_\_\_\_\_

30 Speed Dial \_\_\_\_\_

Key System \_\_\_\_\_

Additional Lines \_\_\_\_\_

Selective Call Rejection \_\_\_\_\_

Find Me Follow Me \_\_\_\_\_

Anonymous Call Rejection \_\_\_\_\_

Do Not Disturb \_\_\_\_\_

Priority Call \_\_\_\_\_

Voice Mail to Email \_\_\_\_\_

Music on Hold \_\_\_\_\_

Automatic Recall \_\_\_\_\_

Directory:

Published \_\_\_\_\_ Non-Published \_\_\_\_\_

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

\_\_\_\_\_

**10. Long Distance Carriers:**

Interlata \_\_\_\_\_ Intralata \_\_\_\_\_

Collect Calls: Accept \_\_\_\_\_ Block \_\_\_\_\_

3<sup>rd</sup> Party Calls: Accept \_\_\_\_\_ Block \_\_\_\_\_

Preferred Carrier Freeze: Yes \_\_\_\_\_ No \_\_\_\_\_

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

Twelve month agreement waives \$90 installation fee.

Additional jacks needed? \_\_\_\_\_ HD television? \_\_\_\_\_

Basic Package \$52.99 \_\_\_\_\_ HBO Movie Pkg. \$11.99 \_\_\_\_\_

Cinemax Movie Pkg. \$11.99 \_\_\_\_\_ Starz/Encore Movie Pkg. \$11.99 \_\_\_\_\_

Set Top Box \$7.99/box/month \_\_\_\_\_

HD Basic Package (add on) \$19.99/month \_\_\_\_\_

**Internet Service**

High Speed 1Mb (\$44.95) 3Mb (\$69.95) \_\_\_\_\_

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 \_\_\_\_\_

Password Genie \$3.00 \_\_\_\_\_

**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.