

Phone Number Assigned _____

APPLICATION FOR TELEPHONE SERVICE

PUBLISHED ___ UNPUBLISHED ___ RESIDENCE ___ BUSINESS ___ DATE _____

BILLING NAME & ADDRESS

IF PUBLISHED, DIRECTORY LISTING

IF BUSINESS, YELLOW PAGE HEADING _____

PHYSICAL ADDRESS _____

DIRECTIONS TO LOCATION (LANDMARKS, HOUSE COLOR, ETC.) _____

INSIDE CITY LIMITS: YES ___ NO ___ COUNTY _____

HOUSE, APARTMENT, MOBILE HOME, OFFICE, ETC. _____

HAS THIS LOCATION HAD SERVICE BEFORE? _____ DO YOU : RENT ___ OWN _____

LANDLORD _____ PHONE _____ PREVIOUS OCCUPANT _____

HAVE YOU EVER HAD SERVICE WITH SENECA/GOODMAN/OZARK TELEPHONE? _____

LIST ANY PREVIOUS PHONE SERVICE: _____

EMPLOYER _____ PHONE# _____

IF SELF EMPLOYED, TYPE OF BUSINESS _____

ALTERNATE CONTACT OR MESSAGE# _____

LIST **ALL** OTHER ADULTS LIVING IN HOUSEHOLD _____

TOLL ACCESS RESTRICTED? _____ -OR- LONG DISTANCE CARRIER? _____

CALLER ID _____ CALL WAITING _____ VOICEMAIL _____ INTERNET ACCESS _____

WOULD YOU LIKE TO BE ABLE TO ACCEPT COLLECT CALLS? _____ (SEPARATE FORM REQUIRED)

(OTHER OPTIONS AVAILABLE-ASK FOR DETAILS)

I UNDERSTAND THAT LOCAL EXCHANGE CHARGES ARE BILLED IN ADVANCE AND THAT BILLS ARE DUE THE FIRST OF EACH MONTH AND DELINQUENT THE 21ST. SERVICE MAY BE DISCONTINUED IF PAYMENT IS DELINQUENT. I UNDERSTAND THAT I AM LIABLE FOR AND WILL PAY ALL LAWFUL CHARGES INCURRED.

SIGNATURES

SOCIAL SECURITY #

