



892 West Madison Avenue
Glenns Ferry, ID 83623
888-636-2840 OR 509-442-0082

Attached is the application for new telephone service. It is extremely important that the application be filled out completely. Incomplete applications will be returned for completion and may cause delays in installation of your phone service. Please include the following with your application:

- Copy of a **Picture ID**(driver's licenses is preferred) for each applicant, such as; driver's license, US military card, Native American tribal document, Voter's registration card w/picture, or an ID card provided by federal, state, or local government agency w/picture.
- Social Security Number for each applicant on the application.
- Daytime telephone number where you may be reached or a message number.
- Remember to sign and date the 2nd page of your application.

Credit Requirements:

- Letter from previous phone company verifying 12 months of phone service.
OR
- Credit check, Please sign authorization with application.
OR
- Deposit of \$40 for Residential and \$80 for Business.

To return application and start the installation process, you must:

- Mail the original application to the above address.
- Application **WILL NOT** be processed unless picture id and letter of credit or deposit are included. Picture ID **MUST** be clear and legible.

A customer service representative may be contacting you at the daytime number you have provided. Our business office is open from 8:00 am to 5:00 pm MST, Monday through Friday. After hours calls are routed to an automated answering system. Please leave a message and your call will be returned as soon as possible.

We look forward to providing you with the best possible telephone service.

Sincerely,

Pend Oreille Telephone Company

LONG DISTANCE CARRIER(S)

IntraLATA Interstate Long Distance _____ **PIC CODE** _____

InterLATA Long Distance _____ **PIC CODE** _____

PREFERRED CARRIER FREEZE REQUEST (optional)

Until such time that I notify POTC to the contrary, I desire that the carrier selections indicated above for the long distance service be frozen for my account. I understand this will retain the companies designated above as my primary IntraLATA and InterLATA carriers. This will prevent "slamming" or switching of carriers without my prior authorization. I further understand that this means I may not change carriers without verifiable written or oral notification to POTC to remove this freeze. These steps are in addition to the FCC's verification rules that carriers must follow before changing a customers preferred carrier.

Signature _____ Date _____

AUTOMATIC PAYMENT AUTHORIZATION (optional)

ACCEPT DECLINE

*Please complete auto pay form included

LOCAL SERVICE & CONNECTION FEES

Residential Flat Rate - \$20.29 per month (*includes local service and fees; state & federal; tax will be added as appropriate*)

Business Flat Rate - \$25.03 per month (*does NOT include taxes listed below; state & federal tax will be added as appropriate*)

Fees Include: FCC line charge \$6.50; FCC multi line charge \$9.20; State E-911 \$0.20; County E-911 \$0.50; TDD Excise Tax \$0.10; WTAP Excise Tax \$0.14

Connection Fees:

Line Connection	\$15.00
Service Order Charge	\$20.00
Premise Visit (if needed)	\$40.00
Inside Wiring Installation*	\$60.00 per hour with a minimum one-hour charge

*Includes labor, materials & travel. Please allow (5) business days for service.

ALL CUSTOMERS PLEASE READ AND SIGN: I hereby request telephone service from POTC and agree to abide by all provisions of its tariff as approved by the W.U.T.C., including but not limited: deposit requirements, installation fee, payment obligations, and any other rules that may apply. The subscriber is responsible for their own inside wiring, connecting jacks, and other phone equipment. If requested, these items may be installed. All applicable time and materials will be billed on the customer telephone bill. I certify that the information provided herein, is correct and true. I also certify that the directory listings shown herein are correct. Telephone bills are due upon receipt and considered late 3 weeks after billing date. Further, I agree to pay reasonable attorney fees, court costs and collection costs if the Company is required to take any action to collect any amounts due for the provision of service or to enforce any terms of its tariffs.

Signature _____ Date _____

OFFICE USE:

A-3rd #/Collect B -No 3rd # C - No Collect Calls

CREDIT: Photo ID Verifiable Y/N _____ Credit Rating _____ Deposit Req'd _____ Paid _____

Phone Book: Mailed _____ P/up in Office _____ Hand Delivered _____

Address marked on property? Yes No Is residence a: Mobile House Under Construction

Driving Directions: _____

In accordance with Federal law and the U.S. Department of Agriculture's policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, religion, age, or disability (Not all prohibited bases apply to all programs).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410, or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.

Voluntary Information: Equal Opportunity

White (not of Hispanic origin) Black (not of Hispanic origin) Hispanic

American Indian/Alaskan Native Asian/Pacific Islander

(509) _____ - _____ Account # _____ Due Date _____ / _____ / _____

PEND OREILLE TELEPHONE COMPANY (POTC)

Residence Service Application
892 W. Madison Avenue
Glenns Ferry, ID 83623
(888) 636-2840 Toll Free Phone
www.potc.net

OFFICE USE ONLY

Received Date _____ / _____ / _____

SO # _____

Service Address _____

Mailing Address _____

City _____ State _____ Zip _____ Daytime # (____) _____ - _____

E-mail _____ Requested Install Date _____ / _____ / _____

CREDIT INFORMATION

(please print)

Applicant or Business Name _____ Co-Applicant Name _____

Birth Date _____ / _____ / _____ SS# _____ / _____ / _____ Birth Date _____ / _____ / _____ SS# _____ / _____ / _____

Drivers Lic.# _____ State _____ Drivers Lic.# _____ State _____

Employer _____ Employer _____

Work# (____) _____ - _____ Hire Date _____ Work# (____) _____ - _____ Hire Date _____

Own Rent

Landlord Name _____ Ph # (____) _____ - _____ Lease Date _____

Reference Name: _____ Ref Ph (____) _____ - _____

Reference Address: _____ City _____ State _____ Zip _____

WTAP # _____ *Washington Telephone Assistance Program (if eligible)*

Previous Address _____ (____) _____ - _____
Street/PO Box City ST Zip Previous Phone

Previous Phone Company _____ Disconnect Date _____
(Please Print)

DIRECTORY LISTING

Published Non-Published *(not in Directory Assistance or Phone Book - \$4.50 fee)* Non-Listed *(not in phone book - \$3.00 fee)*

Published Directory Name(s) please print _____ LAST _____ FIRST _____

_____ Street Address _____ City _____ State _____ Zip _____

Additional Listings (\$2.00/month) _____ LAST _____ FIRST _____

IF NON-PUBLISHED / NON-LISTED: You have the option to request POTC to withhold your billing name and address from interstate carriers and service providers. **By choosing to withhold name & address you may be unable to place a third number call or receive collects calls from certain Long Distance Carrier's.** Your signature below confirms you understand these restrictions and still request POTC to withhold billing name and address from interstate carriers and service providers.

Signature _____