

APPLICATION FOR TELEPHONE SERVICE

LIPAN TELEPHONE COMPANY, INC. 109 N. Kickapoo St. P. O. BOX 187 LIPAN, TEXAS 76462
Main Number 254-646-2211 Fax Number 254-646-3510

Applicant Name: _____ Date: _____

911 Address: _____ County: _____

City: _____ State: _____ Zip: _____

Billing Address: _____

Nearest relative not living with you

Name:	Address	Phone
_____	_____	_____

Type of Service Requested _____ Residential _____ Business

Applicant Employer	Address	Phone
_____	_____	_____

Spouse Employer	Address	Phone
_____	_____	_____

Has applicant had previous service with this company? _____ When?

Previous Number _____ Previous Telephone Company Name _____

Previous Business Office Phone Number: _____ Address: _____

In making this application, the undersigned agrees to the rules and regulations of Lipan Telephone Company as set forth in the exchange tariff, and to any general changes in rules or rates for the service furnished under this application. This application becomes a contract when accepted by the Telephone Company.

The applicant has been informed of the lowest-priced alternative plans available and has been provided with printed information on customer rights.

If applicant's credit rating is found to be not satisfactory, a cash deposit or letter of guarantee will be required.

Cash Deposit Required: \$ _____ Applicant's Signature: _____

REMARKS _____

Lipan Telephone Company
Local Exchange Service Rates

Lipan Residential Access \$20.00
Lipan Business Access \$20.50

Bluff Dale Residential Access \$20.00
Bluff Dale Business Access \$20.50

Re-Occurring Charge – Other

9-1-1 fee \$.56
Access Recovery Charge \$ 3.00
Fed subscriber line chg \$ 6.50

Service Charges

Primary Service Order \$13.00
Secondary Service Order \$ 5.00
Line Connect Charge \$15.75

*** Lifeline Service Rates ***

Lipan Exchange \$13.25
Bluff Dale Exchange \$13.25

* These are special reduced rates available to qualifying customers. If you have a limited income and some type of physical handicap or participate in certain government programs, you could qualify for the reduced Lifeline rate.

DSL Services

*DSL Up To 3MB down & 1MB up...\$ 40.95
Up To 5MB down & 1MB up...\$ 60.95
Up To 8MB down & 1MB up...\$ 74.95
Up To 10MB down & 1MB up...\$ 99.95

Inst. Fee \$40.00

***Requires a 1 year commitment**

***Where available**

***A landline phone is required for DSL service.**

Specify which Long Distance Carrier for INTERLATA you choose _____

Specify which Long Distance Carrier for INTRALATA you choose _____

IT IS YOUR RESPONSIBILITY TO CONTACT THE CARRIER AND NOTIFY THEM OF YOUR CHOICE.

Directory Information

I want my number to be non-pub @ \$1.15 per month.

Please print exactly how you want your name to appear in the Directory

Print your address exactly as you want it to appear in the directory. **Leave blank if you do not want your address published.**

If you require any additional listing please print exactly as you would have them appear in the directory, at **\$.30** each for Residential and **\$.50** each for Business.

INDIVIDUAL SERVICES

<input type="checkbox"/>	Call Waiting	\$2.50
<input type="checkbox"/>	Calling Number Delivery	\$4.95
<input type="checkbox"/>	Calling Name Delivery	\$4.95
<input type="checkbox"/>	Anonymous Call Rejection	\$1.00
<input type="checkbox"/>	Calling Number Delivery & Anonymous Call Rejection	\$5.45
<input type="checkbox"/>	Calling Name Delivery & Anonymous Call Rejection	\$5.45
<input type="checkbox"/>	Calling Number Delivery & Calling Name Delivery	\$6.50
<input type="checkbox"/>	Calling Number, Calling Name Delivery & Anonymous Call Rejection	\$7.00
<input type="checkbox"/>	Distinctive Ring	\$2.00
<input type="checkbox"/>	Selective Call Rejection	\$2.00
<input type="checkbox"/>	Selective Call Acceptance	\$2.00
<input type="checkbox"/>	Call Forwarding Selective	\$2.00
<input type="checkbox"/>	Call Forwarding Busy Line	\$1.50
<input type="checkbox"/>	Call Forwarding No Answer	\$1.50
<input type="checkbox"/>	Call Forwarding All Variable	\$2.50
<input type="checkbox"/>	Customer Originated Trace	\$10.00
<input type="checkbox"/>	Auto Redial (AC)	\$2.00
<input type="checkbox"/>	Call Return (AR)	\$2.00
<input type="checkbox"/>	Speed Dial 8	\$4.00
<input type="checkbox"/>	Speed Dial 30	\$6.00
<input type="checkbox"/>	Toll Restriction	\$5.00
<input type="checkbox"/>	3 Way Calling	\$2.50
<input type="checkbox"/>	Voice Mailbox Service Res. \$5.50 Bus. \$7.50	

PACKAGED SERVICES

<input type="checkbox"/>	CC3 Call Waiting & Call Forwarding*	\$4.50
<input type="checkbox"/>	CC4 Call Waiting, Call Forwarding* & Speed Dial 8	\$7.50
<input type="checkbox"/>	CC5 Call Waiting, Call Forwarding* & Speed Dial 30	\$9.50
<input type="checkbox"/>	CC6 Call Waiting & 3 Way	\$4.50
<input type="checkbox"/>	CC7 Call Waiting, Call Forwarding* & 3 Way	\$7.00
<input type="checkbox"/>	CC10 Calling Number Delivery & Anonymous Call Rejection	\$5.45
<input type="checkbox"/>	CC11 Calling Name Delivery & Anonymous Call Rejection	\$5.45
<input type="checkbox"/>	CC12 Calling Number Delivery & Calling Name Delivery	\$6.50
<input type="checkbox"/>	CC13 Calling Number Delivery, Calling Name Delivery & Anonymous Call Rejection	\$7.00
<input type="checkbox"/>	Lease Phone (Primary)	\$1.00
<input type="checkbox"/>	Lease Phone (Secondary)	\$2.00

The Following are Offered At No Charge

- 900 Restriction
- International Restriction
- Block Third Number Calls
- Block Collect Calls

* Call Forwarding All Variable

If you would like password protection on your account, please provide a password of your choosing _____.

Please fill in a response to two questions listed below. Your response will help us identify you in case you lose or forget your password and need to establish a new one.

- 1. What is the name of the elementary school you attended? _____.**
- 2. What is the date of your wedding anniversary? _____.**
- 3. What is the name of your first pet? _____.**
- 4. What is the name of the hospital in which you were born? _____.**
- 5. What is the make/model of your first car? _____.**
- 6. What is the name of the county in which you were born? _____.**
- 7. What year did you graduate from high school? _____.**
- 8. What year did you graduate from college? _____.**
- 9. What is your favorite vacation spot? _____.**
- 10. With whom was your first job? _____.**

AFFIDAVIT OF IDENTITY

STATE OF _____)

COUNTY OF _____)

I, the affiant herein, being first duly sworn upon oath does hereby state:

1. That my legal name is _____.

2. That my current legal address _____
_____.

3.. That I did present to my Notary Public, a valid driver's license or other acceptable photographic identification as proof of my identity.

4. That the purpose of this Affidavit is to establish and verify that the Affiant is the same as the individual who is a customer of Lipan Telephone Co., Inc..

5. That the Affiant understands that falsification in any degree of this Affidavit is a felony criminal offense and will subject such Affiant to prosecution to the fullest extent of the law.

Signature of Affiant: _____

Print full legal name of Affiant: _____

Current Telephone Number of Affiant: _____

* Subscribed and sworn to (or affirmed) before me on this ____ day of _____, 20____, by _____, proved to me on the basis of presentation of satisfactory evidence to be the person(s) who appeared before me.

Signature _____
Notary Public

Seal:

*NOTE: Notary Public may add state specific acknowledgement when required.
Return the original of this Affidavit to:

Lipan Telephone Co., Inc
109 N Kickapoo ST
P O Box 187
Lipan TX 76462

Account Number _____

LETTER OF AGENCY

To: LIPAN TELEPHONE COMPANY

This Letter of Agency authorized the following person(s):

1. _____
2. _____
3. _____

to act as my agent(s) for the purposes of ordering changes to my telecommunications and related services. This authorization includes, without limitation, the removal, addition to, or rearrangement of local, interLATA and intraLATA primary interexchange carrier (PIC) and/or long distance services. Said agent has authorization to view all telecommunications statements I may have with Lipan Telephone Company.

DATED this ___ day of _____, 200_.

Customer Signature

Print Name

CSR Initials _____