

**APPLICATION FOR SERVICE FROM UNION TELEPHONE COMPANY**

P.O. Box 96 Plainfield, WI 54966

715-335-6301 or 715-366-4581

*PRINT* Your Name Exactly As They Are To Appear In The Telephone Directory:

Name: \_\_\_\_\_ Non-List \_\_\_\_\_ Non-Published \_\_\_\_\_

\*Which Long Distance Carrier Do You Prefer: \_\_\_\_\_ Pic Freeze \_\_\_\_\_

\*It is your responsibility to establish service with the long distance carrier of your choice for your account to avoid being over charged.

Your Name: \_\_\_\_\_ Co-Applicant/Spouse: \_\_\_\_\_

Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Your Drivers License Number: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Work #: \_\_\_\_\_

*PRINT* Complete Billing and Mailing Address Information:

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Have you Registered With the Post Office: \_\_\_\_\_ Yes \_\_\_\_\_ No

Do You Qualify for LIFELINE: \_\_\_\_\_ Yes \_\_\_\_\_ No

Service Address: \_\_\_\_\_ County: \_\_\_\_\_

Village or Township: \_\_\_\_\_ Own: \_\_\_\_\_ Rent: \_\_\_\_\_ Landlord: \_\_\_\_\_

Please Check Any Of The Following Services Requested:

\*900# Block: \_\_\_\_\_ (FREE) Call Waiting: \_\_\_\_\_ Call Forwarding: \_\_\_\_\_

Caller ID: \_\_\_\_\_ Caller ID w/Name: \_\_\_\_\_ Voice Mail: \_\_\_\_\_ Wire Maintenance: \_\_\_\_\_

DSL: \_\_\_\_\_ Video TV: \_\_\_\_\_

\*Refusing a 900# Block leaves you liable for any 900 number calls made from your telephone number. You will be responsible for paying all charges that are associated with the calls.

I AM REFUSING A 900# BLOCK: \_\_\_\_\_

IN MAKING THIS APPLICATION THE UNDERSIGNED AGREES TO THE RULES AND REGULATIONS OF THE UNION TELEPHONE COMPANY AS SET FORTH IN THE EXCHANGE TARIFF, AND TO ANY GENERAL CHANGE IN THE RULES OR RATES FOR SERVICE FURNISHED UNDER THIS APPLICATION...THE UNDERSIGNED ALSO AGREES TO BE RESPONSIBLE FOR ALL LOCAL SERVICES AND TOLL CHARGES FURNISHED BY HIM OR HER. THIS APPLICATION BECOMES A CONTRACT WHEN ACCEPTED BY THE APPLICANT AND INITIALED BY THE REPRESENTATIVE OF THE TELEPHONE COMPANY. IF APPLICANTS CREDIT IS FOUND NOT SATISFACTORY, A DEPOSIT MAY BE REQUIRED.

Applicant's Signature: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ New Phone Number: \_\_\_\_\_ Exchange: \_\_\_\_\_ Employee: \_\_\_\_\_

-----Union Telephone Use Only-----

Prepayment: \_\_\_\_\_ Plant Info: \_\_\_\_\_

Advance/Deposit Payment: \_\_\_\_\_ Date: \_\_\_\_\_