

APPLICATION FOR PHONE SERVICE
Ntec
318 3rd AV W, PO Box 228 DURAND WI 54736
715 672-4204 1-855-672-6832

Name(s) (First, Middle Initial, Last) _____

Extra Directory Listing (\$.50/month) _____

Directory Address: _____

Box _____ Apt No. _____ County _____

City _____ State _____ Zip +4 _____

Billing Address if Different _____

Have you had service with Ntec/Nelson Telephone/Chippewa Valley Cable: _____

Capital Credit Number _____

Non Pub (\$1.00 Mth) _____ **Non List (\$1.00)** _____
(Safeguard your number from Caller ID: dial *67 each time you dial out)

Own **Rent** Please attach a copy of your rental lease or title to home. Only persons listed on the lease or title are allowed to be listed as owner on your Ntec account.

Local Call Access Only (additional \$1.50/month plus monthly charges) _____ OR

Long Distance Carrier: *NtecLD _____ (Ntec Long Distance \$.12 a minute)

AT&T _____ MCI _____ US Sprint _____

You Must Choose a Long Distance Carrier Or You Won't Be Able To Place a 1+ Long Distance Call. Ntec only bills for Ntec Long Distance. You must contact your Long Distance provider to set up an account before placing long distance calls.

Telephone Number Assigned _____ Effective Date: _____

Do You Own Your Own Phone Yes No Do You Wish to Rent a Phone? Yes No

Rental Phone _____

Bundle _____ (Phone, Internet, TV) Internet _____ User Name: _____

Calling Feature(s) you would like added to your line: **Bold Features** included in Bundle

Call Waiting \$1.00 _____ **Call Forwarding \$1.00** _____ **3 Way Calling \$1.00** _____ **Caller ID \$3.00** _____

Call Answer (Voice Mail) \$4.00 _____ ***Caller ID/Call Waiting \$1.50** _____

*(must also have Caller ID or Caller ID w/Name)

Cancel Call Wait \$.50 _____ Telemarketer Call Screening \$2.95 _____

Call Forward Busy \$1.00 _____ Teen Line \$2.50 _____ Caller ID w/Name \$4.50 _____

900 # Block (N/C) _____ International Call Block (N/C) _____ Preferred Carrier Freeze (N/C) _____

(There is a \$12.50 Service Charge to add a feature at a later date)

******Please answer the Following Questions******

You will need to use this password or know the answer to one back-up question when calling in to discuss your account or make any changes to your account:

Authorized User(s) to request info or make changes to your account:_____

Account Access Password:_____

Answer two of the following back-up questions:

What is your favorite holiday?_____

What is your favorite vacation location?_____

What is your mother's maiden name?_____

What town were you born in?_____

Preferred E-Mail address:_____

Cell Phone Number:_____

Would you like information on paperless billing or auto bank collect? _____ Yes _____ No

Your Former Address_____

Social Security Number_____ Driver's License # _____

Nearest Relative_____ Address_____

Your Employers Name_____ Address_____

The undersigned, hereinafter called the "Applicant", hereby applies for telephone service with Nelson Communications Cooperative, a corporation duly organized and existing under and by virtue of the laws of the State of Wisconsin, hereinafter called the "Cooperative", for the purpose of having furnished to said "Applicant" telephone services upon the following terms and conditions:

The "Applicant" will take from the "Cooperative" telephone services when available and will pay monthly rentals to the "Cooperative" in accordance with the rate schedules and rules and regulations established by the "Cooperative" in accordance with the directives of the United States of America and the State of Wisconsin and their regulatory bodies.

The "Applicant" hereby grants to the "Cooperative", a right-of-way easement to construct, operate and maintain a telephone line or system on its or his premises and in or upon all streets, roads or highways abutting said premises, and also such service lines are necessary, and also the right to cut or trim trees and to bury cable necessary to the efficient operation of said system. The "applicant" will comply with and be bound by the provisions of the bylaws, rules and regulations of this Association and such amendments as may from time to time be adopted.

Date of Application_____ Signature of Applicant_____

Husband and Wife Should Sign if Joint Application:_____

Deposit Required: Yes No

Amount of Deposit_____ Amount of Advance Payment _____