

NORTHERN TELEPHONE - APPLICATION FOR PHONE SERVICE

P.O. Box 190, Sunburst, MT 59482
 Sunburst Office: Phone 406-937-2114 Toll Free 1-877-937-2114 Fax 406-937-7530

1 CUSTOMER INFORMATION

Name: SS#

Billing Address: Work Phone: Cell Phone:

City: State: Zip:

Spouse's Name and Social Security Number (If Joint Membership)

Name: SS#

2 HOUSE LOCATION

Description and E911 address:

3 REQUESTED SERVICE

	Charge Per Month	
<input type="checkbox"/> Caller ID	\$6.50	Allows you to receive the incoming name and # of incoming calls
<input type="checkbox"/> Voice Mail	\$4.50	A Central Office message system with great features
<input type="checkbox"/> Call Forwarding	\$1.25	Allows incoming calls to be forwarded to another location
<input type="checkbox"/> Call Waiting	\$1.25	Informs you another party is calling during a call already in progress
<input type="checkbox"/> 3 Way Calling	\$1.25	Allows you to add a third party to a call already in progress
<input type="checkbox"/> Speed Dial Long (30#s)	\$3.50	Store 30 #s and dial them by pressing only a couple of buttons
<input type="checkbox"/> Speed Dial Short (8#s)	\$1.25	Store 8 #s and dial them by pressing only a couple of buttons
<input type="checkbox"/> Teen Line (Distinctive Ring)	\$10.00	One line with 2 numbers, each with a unique ring
<input type="checkbox"/> Small Package (CW,CF,3W,SSD)	\$4.00	Call Waiting. Call Forward, 3 Way Calling and Short Speed Dial
<input type="checkbox"/> Referral Message (Old # to New #)	\$3.00	Tells people you have a new number. Good for 3 months.
<input type="checkbox"/> Toll Denial	\$1.25	Blocks your phone from being able to place Long Distance calls
<input type="checkbox"/> Do you wish to accept Collect Calls? Check Box if Yes, <u>Do not</u> Check box if No	<input type="checkbox"/>	Do you want your name in the Telephone Directory? Check Box if Yes, <u>Do not</u> Check box if No

4 TERMS

The undersigned applicant hereby applies for and subscribes to membership in Northern Telephone Cooperative, Inc (hereinafter "Cooperative") for the purpose of receiving communication services,

5 SIGN HERE

Applicant's Signature **X** _____ **Date:**