

# EASTEX TELEPHONE COOPERATIVE, INC.

APPLICATION FOR TELEPHONE SERVICE - COMPLETE FRONT AND BACK

Directory Name \_\_\_\_\_

Billing Name \_\_\_\_\_

Billing Address \_\_\_\_\_

Billing City, State, ZIP+4 \_\_\_\_\_

Directory Location \_\_\_\_\_

Directory Extra Listing \_\_\_\_\_

911 Address \_\_\_\_\_

In/Out City Limits \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

Directory Name- \_\_\_\_\_

911 Address \_\_\_\_\_

Other- \_\_\_\_\_

\_\_\_\_\_

Group Bill  Separate Bill

First Telephone Contact No. \_\_\_\_\_

Second Telephone Contact No. \_\_\_\_\_

## DIRECTIONS TO SERVICE LOCATION/SPECIAL INSTRUCTIONS

Last Occupant: \_\_\_\_\_

Nearest Neighbor: \_\_\_\_\_

Home Owner: \_\_\_\_\_

Type Structure: \_\_\_\_\_

Telephone Line to Structure? Yes  No

Physical Directions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The undersigned (hereinafter called the "Applicant") hereby applies for membership in and agrees to take telephone service from Eastex Telephone Cooperative, Inc., a Cooperative, non-profit corporation existing under the laws of the State of Texas for the Purpose of furnishing telephone service, upon the following terms and conditions.

1. The Applicant will pay a membership fee of \$10.00, plus installation fees.
2. The Applicant will, when telephone service becomes available, take from the Cooperative, telephone service to be used on his premises, and will pay therefore at rates to be determined from time to time in accordance with the bylaws of the Cooperative.
3. The Applicant will grant to the Cooperative a right-of-way easement to construct, operate and maintain a telephone line or system on the applicants property and in or upon all streets, roads or highways abutting said property.
4. The Applicant will comply with and be bound by all provisions of the charter and bylaws of the Cooperative, and such rules and regulations as may from time to time be adopted by the Cooperative.
5. The Applicant, by becoming a member, assumes no personal liability or responsibility for any debts or liabilities of the Cooperative and it is expressly understood that his private property is exempt from execution for any such debts or liabilities.

This application is made in consideration of similar applications by others and is understood to be an agreement with such applicants.

### FOR OFFICE USE ONLY

DATED \_\_\_\_\_

Witness \_\_\_\_\_

The above application for membership accepted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

EASTEX TELEPHONE COOPERATIVE, INC.

Photo ID Verified

Tax \_\_\_\_\_ ( \_\_\_\_\_ ) ( \_\_\_\_\_ ) ( \_\_\_\_\_ )

Service Order Fee \$ \_\_\_\_\_

Membership Fee \$ \_\_\_\_\_

Line Connection Fee \$ \_\_\_\_\_

Deposit Amount \$ \_\_\_\_\_

Inside Wiring \$ \_\_\_\_\_

Installation \$ \_\_\_\_\_

Grand Total \_\_\_\_\_

Bill  Paid

Applicant's Signature / Date

Is Joint Membership desired? Yes  No

### FOR COMPLETION BY NOTARY PUBLIC ONLY

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, personally appeared \_\_\_\_\_

before me \_\_\_\_\_, personally known to me (or provided to me) and acknowledged that he (she) executed it.

My Commission Expires: \_\_\_\_\_

PHOTO ID VERIFIED

Witness my hand and official seal.

Notary's Signature: \_\_\_\_\_

Exchange \_\_\_\_\_ Member No. \_\_\_\_\_

Service Order No. \_\_\_\_\_ Log No. \_\_\_\_\_ Cr. Class \_\_\_\_\_

Telephone No. 1 \_\_\_\_\_ 2 \_\_\_\_\_

Lifeline  Link-Up America

Bank Drafting? Yes  No  PIC Freeze? Yes  No

Long Distance Carrier / Local Carrier \_\_\_\_\_ / \_\_\_\_\_

### Long Distance Plan

SERVICE RESTRICTIONS	LINE ONE ALLOW/BLOCK	LINE TWO ALLOW/BLOCK
Regular Toll (other than 800)		
800/888 Toll		
900 Toll		
950 Toll		
500 Toll		
Third Number Calls		
Collect Calls		
Caller ID Display Per Line		
Customer Originated Trace		
International Toll		

P. O. BOX 1510  
414 S. WASHINGTON  
LIVINGSTON, TEXAS 77351-1510  
409-327-5224 - FAX: 409-327-5494

P. O. BOX 150  
3675 US Highway 79 South  
HENDERSON, TEXAS 75653-0150  
903-854-1000 FAX: 903-854-1278

P. O. BOX 1691  
HWY. 80  
WASKOM, TEXAS 75692-1691  
903-687-3600 - FAX: 903-687-2137

# PERSONAL INFORMATION

## Information About Yourself

Name \_\_\_\_\_ Employer Name \_\_\_\_\_  
Social Security #. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Employer Address \_\_\_\_\_  
Drivers License #. \_\_\_\_\_ State \_\_\_\_\_ Employer Town \_\_\_\_\_  
DL Address \_\_\_\_\_ (City-State-Zip) \_\_\_\_\_ Employer Tel. No. \_\_\_\_\_  
Previous Address \_\_\_\_\_ (Street) \_\_\_\_\_ (City-State-Zip) \_\_\_\_\_

## Information About Individual You will Be Sharing This Service With

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Employer Name \_\_\_\_\_  
Social Security #. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Employer Address \_\_\_\_\_  
Drivers License #. \_\_\_\_\_ State \_\_\_\_\_ Employer Town \_\_\_\_\_  
DL Address \_\_\_\_\_ (City-State-Zip) \_\_\_\_\_ Employer Tel. No. \_\_\_\_\_  
Previous Address \_\_\_\_\_ (Street) \_\_\_\_\_ (City-State-Zip) \_\_\_\_\_

Nearest Relative not residing in your household for your personal reference.

Name \_\_\_\_\_  
Relation \_\_\_\_\_  
Address \_\_\_\_\_ (City-State-Zip) \_\_\_\_\_  
Phone Number \_\_\_\_\_

Will you allow Eastex Telephone Cooperative, Inc. to responsibly use your account information (CPNI) to determine if we have products, features, or services that may benefit you in the future? **YES** **NO**

Provide a password for your account: \_\_\_\_\_

Please answer the following 5 "SECRET" questions:

- 1) In what city was your mother born? \_\_\_\_\_
- 2) What is your favorite color? \_\_\_\_\_
- 3) Name your favorite sports team: \_\_\_\_\_
- 4) What is your mother's maiden name? \_\_\_\_\_
- 5) What is your favorite car, truck, or motorcycle? \_\_\_\_\_

Email Address (If Available) \_\_\_\_\_

## CREDIT INFORMATION

Most Recent Telephone Service Billed In Your Name or Shared With Spouse or Former Spouse:

Name Service Was In \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Town or Exchange \_\_\_\_\_ Telephone Co. Name \_\_\_\_\_  
Credit Rating \_\_\_\_\_ Telephone Co. Number \_\_\_\_\_  
Establish Date \_\_\_\_\_ Deposit Held \_\_\_\_\_  
Disconnect Date \_\_\_\_\_ Avg. Toll \_\_\_\_\_  
Treats \_\_\_\_\_ Ret. Cks. \_\_\_\_\_

Credit Reference Name Address Account Number

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## For Completion by Business Office Only

Link Up America		Life Line
Meets Dependency Criteria? _____	Meets Income Criteria? _____	DHS Form? _____
If yes, income criteria method: _____		Qualifies? _____