EASTEX TELEPHONE COOPERATIVE, INC.

APPLICATION FOR MEMBERSHIP AND SERVICE

FOR OFFICE USE ONLY

Exchange:_____
Member ID:_____
Phone Number:_____

Type of Service: ☐ Residential ☐ Business ☐ Government Agency

Legal Name: _____

Social Security Number/Tax ID: _____ Date of Birth: _____

Driver's License Number: _____ State: _____

Billing Name: ☐ Same as Legal Name. If different, please provide: _____

Billing Address: _____

Billing City, State, Zip+4: _____, _____ _____

Physical/911 Address: _____

Physical/911 City, State, Zip+4: _____, _____ _____

In City Limits: ☐ Y / ☐ N City: _____ County: _____

Special Instructions (animals, gate code, etc.): _____

Primary Contact Name: _____
Primary Contact Number: _____ Text Capable: ☐ Y / ☐ N
Backup Contact Name: _____
Backup Contact Number: _____ Text Capable: ☐ Y / ☐ N

Email Address: _____

Automatic Bill Payments: ☐ Y / ☐ N Paperless/E-Billing: ☐ Y / ☐ N

Preferred Interexchange Carrier (PIC/LD): _____ PIC Freeze: ☐ Y / ☐ N

Inside Wire Maintenance *($1/mo)*: ☐ Y / ☐ N

Directory Listing? ☐ Y / ☐ N *($1/mo if unlisted)*

Directory Name: _____

Directory Address: _____

Do you authorize Eastex to responsibly use your account information (CPNI) to determine if we have products or services that may benefit you? ☐ Y / ☐ N

Please provide a username for your account: _____
(8-50 characters, +1 numbers, +1 letters, special character)

Please provide a PIN for your account: _____
(4 or more numbers/characters to verify your account when contacting our office)

Please answer the following "secret" questions (used to verify your identity when speaking with customer service):

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

You may add an individual(s) as an authorized user(s) of your account, enabling them to obtain call detail information or make changes on your behalf. Any individual you authorize on your account will need to know the answers to the security questions you have provided above.

Authorized User #1: _____ Phone: _____

Authorized User #2: _____ Phone: _____

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 subscribe to telephone service, from the Cooperative, to be used on his or her premises, and will pay rates as determined by tariff and 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 Applicant's 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 the Applicant's private property is exempt from execution for any such debts or liabilities.
6. The Applicant agrees that the Cooperative, or its designee, is expressly authorized to investigate any references and other information furnished by the Applicant or by any other person or entity, pertaining to the Applicant's creditworthiness. The Cooperative may, at any time, and at its sole discretion, revoke the privilege of extending credit to the Applicant for future telephone services.
7. The Applicant agrees that this Application and any tariffs, terms and conditions, or other documents incorporated herein by reference (e.g. the Charter and Bylaws of the Cooperative) will be construed under the laws of the State of Texas and that venue will be fixed in state district court in Rusk County, Texas for the resolution of any and all types of claims or conflicts between Applicant and the Cooperative.
8. If any clause or provision of this Application is found to be invalid or is incapable of being enforced by any rule of law or public policy, all other clauses and provisions shall, nevertheless, remain in full force and effect.

This application is made in consideration of similar applications by others and is understood to be an agreement between the Applicant and Cooperative.

Applicant Signature: _____ Date: _____

If Business – Title: _____

FOR OFFICE USE ONLY:

Dated: _____ Photo ID Verified by: _____

Witness: _____

The above application for membership accepted this _____ day of _____, 20____.

EASTEX TELEPHONE COOPERATIVE, INC.