

APPLICATION FOR TELECOMMUNICATION SERVICES
NELSON TELEPHONE COOPERATIVE
318 3rd AV W, DURAND WI 54736
715 672 4204

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

Extra Directory Listing _____

Authorized Person(s) to inquire or make changes to this account _____

Directory Address: Street/Rd/Hwy _____

Box _____ Apt No. _____ County _____

City _____ State _____ Zip +4 _____

Billing Address if Different _____

Tax Exempt _____ (Yes) Tax Exempt # _____

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

Last Person at this Location, Landlord's Name or Neighbor Who Has Service:

Your Former Address _____

Has Applicant had Service In His Name With Another Telephone Company? _____

If So, Name of Company _____ Previous Telephone Number _____

Date Disconnected _____ Social Security Number _____

Nearest Relative _____ Address _____

Your Employers Name _____ Address _____

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

Please Indicate Which Long Distance Carrier You Would Like: *NTLD _____ *Nelson Telephone Long
AT&T _____ MCI _____ US Sprint _____ Distance \$.12 a minute

You Must Choose a Long Distance Carrier Or You Won't Be Able To Place a 1+ Long Distance Call

Preferred Carrier Freeze (See Other Form)

Telephone Number Assigned _____ Date You Wish Service _____

Do You Own Your Own Phone Yes No

Do You Wish to Rent a Different Phone? Yes No Rental Phone _____

Is There a Rental Phone on the Premise That Needs to be Returned? Yes No

Do You Wish to Have Any of the Following Calling Features:

Call Waiting \$1.00 _____ Call Forwarding \$1.00 _____ 3 Way Calling \$1.00 _____
 Cancel Call Wait \$.50 _____ Telemarketer Call Screening \$2.95 _____
 Call Answer (Voice Mail) \$4.00 _____ Call Forward Busy \$1.00 _____ Teen Line \$2.50 _____
 Caller ID \$3.00 _____ Caller ID w/Name \$4.50 _____ *Caller ID/Call Waiting \$1.50 _____
 _____ *(must also have Caller ID or Caller ID w/Name)
 Premium Package _____

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

900 # Block (N/C) _____ International Call Block (N/C) _____

Account Access Password: _____

What is your favorite holiday? _____

What is your favorite vacation location? _____

OFFICE USE ONLY		Member # _____	
Monthly Charges:		Connection Charges:	
Dial Tone	\$11.75 _____	Service Order Charge	\$9.00 _____
FCC Sub Line	\$6.50/\$9.20 _____	Central Office Connect	\$5.50 _____
WI Sub Line	\$1.00 _____	Line Connection	\$7.00 _____
Wire Maintenance	\$.99 () _____	Wiring Charge ()	\$8.00 _____
Phone Rental	\$1.00 () _____	Jack Connect ()	\$4.75 _____
Non Pub/Non List	\$1.00 () _____	Premise Visit	\$10.00 _____
FUSC/County 911	_____		
Features	_____		
Total	_____	Total	_____

The undersigned, hereinafter called the "Applicant", hereby applies for telephone service in the Nelson Telephone 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" Telecommunication services upon the following terms and conditions:

The "Applicant" will take from the "Cooperative" Telecommunication 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 buy 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: _____

For Office Use Only	
Credit Rating	
Amount of Deposit _____	Amount of Advance Payment \$30.00