

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:

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"/> Touch Tone	\$0.50	Used by all modern phones. Not needed if using a rotary phone
<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
<input type="checkbox"/> Would you like the ability to 3rd Number Bill Check Box if Yes, <u>Do not</u> Check box if No	<input type="checkbox"/>	Your spouse's name in the 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, under the following terms and conditions:

1. The Applicant must meet all conditions set forth in the Articles of Incorporation and Bylaws of the Cooperative, and pay any installation charge or deposit requested.
2. The Applicant will comply with and be bound by the provisions of the Articles of Incorporation and Bylaws of the Cooperative, and such rules and regulations as may from time to time be adopted.
3. The Applicant will take from the Cooperative the communications services requested above to be used at the premises described and will pay monthly at rates to be determined from time to time by the Cooperative.
4. The Applicant agrees not to tamper with or interfere with the communications system, make fraudulent long distance calls or make obscene or harassing telephone calls and is aware that such actions are criminal offenses under Montana Law.
5. The Applicant hereby grants to the Cooperative an easement to construct, operate and maintain a communications line or system on, over, or under the

land which they own or control, in order to provide the services requested. The Applicant grants the Cooperative access to the premises of Applicant at all reasonable times for the purpose of installing, repairing, maintaining or removing any services. The acceptance of this application by the Cooperative, shall constitute an agreement between the Applicant and the Cooperative and shall continue in force from the date service is available by the Cooperative to the Applicant, and thereafter, until all communications service is permanently discontinued, provided however, that all easements granted hereunder shall continue to be in full force and effect.

5	SIGN HERE
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The Applicant certifies and warrants that he/she understands this application and its effect and that, to the best of the Applicant's knowledge, has answered all questions correctly without misleading statements or omissions.

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