

Acct #: _____

Acct Name: _____

Score: _____



____ High Speed Internet
____ Telephone
____ SD Digital/HDTV
____ Unlimited Long Distance
____ WiFi
____ Analog TV
____ PVR

REGIONAL APPLICATION FOR SERVICE

This is an application whereby you agree to purchase telecommunications and entertainment services from Citizens Telephone Cooperative Inc or one of its subsidiaries (Citizens Cablevision Inc and SelecTec Inc). The cooperative and subsidiaries, hereinafter individually and jointly referred to as "Company", are all organized under the laws of the State of Virginia. For the purposes of this application the term "Member" shall apply when purchasing services from the cooperative and the term "Applicant" will apply otherwise. A Member may be an individual, firm, association, corporation, or a body politic as defined in Section 1(b) of the cooperative bylaws and an Applicant may also be an individual, firm, association, corporation, or a body politic. As a Member, capital credits will accrue on member defined services to be paid out by the Cooperative as determined by the Board of Directors.

All accounts/services are in default if they are unpaid by the due date. Upon disconnection of services, Citizens owned equipment will be billed to the account. When the equipment is returned in working condition credit will be given. If the services were in a contract, Early Termination Fees will be billed when the service is disconnected.

Any default of contract(s), customer agreement(s), or failure to pay for services rendered shall give us the right to proceed to terminate the agreement(s), contract(s), or service(s) and to exercise all other rights and remedies as provided by law. You agree that, in such event, you shall be obligated to pay our reasonable collection expenses which may include but not be limited to, court costs, collection fees which are charged by our collection agency at such time as the account is turned over to said collection agency, and attorney's fees of twenty-five (25) percent of any unpaid balance at such time as the account is turned over to an attorney for collection. You further agree that all collection fees as mentioned herein shall not be deemed to be in the nature of a penalty for your default, but instead shall be deemed to be liquidated damages. It is understood that said account will accrue interest until paid in full in accordance with Code of Virginia and Federal Statutes. Signature also gives permission to submit cell phone numbers for collection purposes upon default of terms.

*Additional charges are covered under the Code of Virginia, Section 6.1-330.77. *Charges by sellers of goods or services*; Section 6.1-330.53. Legal rate of interest; and under Federal Statutes, 15 U.S.C. 1601, et seq

The undersigned hereby applies to Citizens service in accordance with the terms and conditions of the Application set forth above

Request: ☐ New Service OR ☐ Change to Account: _____ ☐ **Name Change ☐ *Transfer Service ☐ Permission to Act

**Transfer of a phone number requires a Phone Number Release form to be signed by current account holder.*

**** Capital Credit Form and Name Change Form required**

Type of service: ☐ Residence ☐ Business ☐ New Construction

Customer Information:

Applicant Name/Business Name (print) _____ SSN _____
First Middle Last SSN# or Fed Id#

Member/Applicant Signature _____ Date _____

Member/Applicant Mailing Address: _____

E911 Address of Service (if different from above) _____ County _____

Contact Phone# _____ Cell Phone # _____ Work Phone # _____

Email Address: _____

Directory Listing: ☐ Published ☐ Non List (Not printed in directory but will display on Caller-ID) ☐ Non-Published (ONLY released to 911)

Directory listings default to Customer Name (Doe, John) and Customer Mailing Address as listed above unless specified differently:

Directory Name Listing: _____ Address: _____

Long Distance Carrier: ☐ Citizens ☐ Other _____ (list can be provided) ☐ No Carrier (calls can be billed by any carrier at any rate)

Credit: Employer/Address _____ Contact # _____

Security: Security Password _____ Reminder Question _____

Property Information: ☐ Own or ☐ Rent - If renting, property owner's name _____

If known, name of previous resident _____ Do you need jacks installed? ___ phone ___ internet ___ tv

Additional Site Info (directions, road #, type of dwelling, neighbors, etc.) _____

Permission to Act (PTA) on Account: This permission includes making changes, adding/removing services, disconnecting, making payments, receiving account balance information and answering Citizens' questions on my behalf. PTA must provide CPNI password, as set by primary account holder, in order to make changes or inquire about account. *Primary account holder is assuming liability of changes made by PTA. Citizens has the right to refuse individuals who are in bad debt or delinquent status; SSN is required for this reason. Certain restrictions apply which may include credit credentials of PTA.*

Permission to Act*: (print) _____ SSN _____
First Middle Last SSN#

☐ **Lifeline Credit Applicant:** In order to be eligible for the discount, the applicant must participate in one of seven programs or be Income Eligible: Medicaid, Food Stamps (SNAP), Supplemental Security Income (SSI), Low-Income Home Energy Assistance Program (LIHEAP), Temporary Assistance for Needy Families (TANF), Federal Public Housing Assistance, or National School Lunch Program's free lunch program to receive Lifeline assistance. Additional documents must be completed for approval.

Service Selection: BUNDLE YOUR WAY: Select the A la carte services of your choice.

Appropriate discounts apply. The more services you select, the greater the discount

☐ A la carte Digital Phone:

☐ Add Unlimited Long Distance to any Digital Phone Service

A la carte Internet:

Rapid Response ☐

Download Speed

- ☐ Citizip 5Mbps
- ☐ Citizip 10Mbps
- ☐ Citizip 25Mbps **
- ☐ Citizip 50Mbps **

**Not available in all areas. See Citizens for full details and availability

Email 1: _____

Email 2: _____

Username: _____ (max 12 characters)

Username: _____ (max 12)

Password: _____ (max. 12 characters)

Password: _____ (max. 12)

A la carte Digital TV:

#TV/STB Quantity _____

- ☐ Basic TV 20+ of the most requested networks including local channels
- ☐ Signature TV Over 180 of the nation's most requested programming channels plus music
- ☐ Crest TV Over 200 of the most popular programming channels with music and movies
- ☐ Digital HBO ☐ Digital Showtime ☐ Digital Cinemax ☐ Digital Starz

A la carte Analog TV

- ☐ Analog Basic TV 20+ of the most requested networks including local channels
- ☐ Analog Standard TV 50+ of the most popular programming channels
- ☐ Analog HBO ☐ Analog Showtime ☐ Analog Cinemax

Added Value Services

Calling Features: ☐ Advantage Bundle Caller ID or Voice mail (plus choose up to 10 other select features)
☐ Ultimate Bundle Caller ID and Voice mail (plus choose any other select features)

☐ PVR Service ☐ HD Bandwidth Access ☐ STB leasing fee

- ☐ PC Protection ☐ Home Security ☐ Web Hosting ☐ Cellular
- ☐ PC Protection Plus ☐ Medical Alert ☐ E-Commerce
- ☐ WiFi Internet Access ☐ Web Design ☐ PC Repair/Techno

Auto Payment (Requires Authorization Form): ☐ Yes ☐ No

Services not available in all areas. Actual Internet connection speed may vary due to various factors including network congestion and distance from subscriber to Citizens' facilities. Electrical surge protection is strongly recommended. Free installation and free modem require 12-month minimum commitment and is for one computer only. Internet system requirement: any operating system that supports your NIC (Ethernet card), Windows 98SE or higher, Mac OS9 or higher. Federal, state, local taxes, and service fees are not included in pricing. Some restrictions may apply and subject to pre-approval.

Signature verifies correct information and permission to submit cell phone numbers for collection purposes upon default of terms.

Service Agreement (required to waive service installation fees): ☐ 24-month ☐ 12-month ☐ Promotion: _____

*****By signing below, customer acknowledges receipt of service terms and conditions.**

Member/Applicant Signature: _____

Date: _____

Permission to Act Signature: _____

Date: _____

*Permission to act provides authorization for individual other than account holder to make account inquiries, make payments, and make service changes to the account. Permission to Act status does not provide access to capital credits on this account.

Please Return Completed Form To:
CITIZENS
P.O. BOX 137 FLOYD, VA 24091
Attn: Customer Care