Acct #:	
Acct Name:	
Score:	



relepnone
High Speed Internet
WiFi
Digital/Analog TV
PVR
Security
Smart Solutions

FLOYD MEMBERSHIP/APPLICATION FOR SERVICE

This is an application whereby you agree to purchase telecommunications and entertainment services from Citizens' Telephone Co-operative or one of its subsidiaries (Citizens Cablevision, Inc. and SelecTec, Inc). The Cooperative and subsidiaries, hereinafter individually, each and/or 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, Company 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 billed when the service is disconnected.

Any default of contract(s), customer agreement(s), or failure to pay for services rendered shall give the Company 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. The Member/Applicant agrees that, in such event, the Member/Applicant 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 the Company 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. The Member/Applicant further agrees that all collection fees as mentioned herein shall not be deemed to be in the nature of a penalty for 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. The Member/Applicant 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 6.2-311. Charges by sellers of goods or services; Section 6.2-301; Legal rate of interest; and under Federal Statutes, 15 U.S.C. 1601, et seq

The undersigned hereby appl	ies to Citizens service in	accordance with the te	erms and conditions of the App	olication set forth	above	
		er requires a Phone	Number Release form to be			
Type of service: □Residence			•			
Customer Information:						
Applicant Name/Business Name	(print)	Middle	Last	_ SSN	SSN# or Fed Id#	
Member/Applicant Signature			Da	ate		
Member/Applicant Mailing Addres						
E911 Address of Service (if different	ent from above)			Count	ty	
Contact Phone#	Cell Phone	e#	Work Phone	#		
Email Address:						
<u>Directory Listing</u> : □Published Directory listings default to Customer National Directory Name Listing:	ame (Doe, John) and Cus	stomer Mailing Addres	s as listed above unless speci	fied differently:		,
Long Distance Carrier: □Citizer	ns □ Other	_(list can be provided)	□No Carrier (calls can be	e billed by any ca	arrier at any rat	te)
Credit: Employer/Address			C	ontact #		
Security: Security Password		Reminder Quest	ion (should relate to Security Passwo	rd)		
Property Information: □Own or	· □Rent - If renting	, property owner's	name			
If known, name of previous reside						
Additional Site Info (directions, ro	ad #, type of dwelling	, neighbors, etc.) _				
Permission to Act (PTA) on Acco ing account balance information and an der to make changes or inquire about a dividuals who are in bad debt or deling PTA. Permission to Act*: (print)	swering Citizens' question count. <i>Primary account</i>	ns on my behalf. PTA i t holder is assuming l	must provide CPNI password, iability of changes made by P	as set by primar TA. Citizens has	ry account hold to the right to re- redit credentia	der, in o efuse in
	First Middle	· · · · · · · · · · · · · · · · · · ·	Last	JJ.,	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.

Bundle YOUR Way. Please select the services of your choice Landline Telephone (includes unlimited local calling) ■ Advantage Bundle Caller ID or Voice mail (plus choose up to 10 other select features) Calling Features: ☐ Ultimate Bundle Caller ID and Voice mail (plus choose any other select features) Add Unlimited Long Distance to any Phone Service **High Speed Internet Options** (Where Available): **SPEED** (Safetyline not available in all areas) ■ Rapid Response 1.5Mbps Includes a SafetyLine – Calls to 911 and incoming calls only ■ WiFi Internet Access ■ 3.0Mbps Includes a SafetyLine - Calls to 911 and incoming calls only ■ PC Protection ■ 6.0Mbps Includes a SafetyLine – Calls to 911 and incoming calls only ■ PC Protection Plus □ Citizip 5Mbps ** ☐ Citizip 10Mbps** **Not available in all areas. See Citizens for full details and availability ☐ Citizip 25Mbps** Citizip 50Mbps** Email: Up to 5 emails available free with internet service. Username selected below will be followed by "@ swva.net". Email Username: _____ (max 12 characters) Email Username: ______ (max 12 characters) Password: _____ (max. 12 characters) **Digital TV Options** (Where Available): TV/STB Quantity _____ Signature TV Over 180 of the nation's most requested programming channels plus music Over 200 of the most popular programming channels with music and more Crest TV Digital TV Basic 20+ of the most requested networks including local channels □ Digital Starz/Encore □ Digital Cinemax □ Digital Showtime □ Digital HBO □ 4-Pk Premium Movie Channels PVR Service ■ HD Bandwidth Access <u>Analog TV Options(Where Available)</u>: Analog Basic TV 20+ of the most requested networks including local channels Analog Standard TV 50+ of the most popular programming channels ■ Analog Cinemax ■ Analog Showtime ■ Analog HBO Added Value Services ■ Medical Alert ■ Self-Monitored Security ■ Monitored Home Security ■ E-Commerce ■ Self-Monitored Home Automation □ Cellular ■ Web Design ■ PC Repair/Techno □ Self-Monitored Energy Management ■ Web Hosting **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 ***By signing below, customer acknowledges receipt of service terms and conditions. Member/Applicant 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:

Date:

P.O. BOX 137 FLOYD, VA 24091
ATTN: Customer Care

Permission to Act Signature:

ATTN: Customer Care