



BUSINESS MEMBERSHIP/APPLICATION FOR SERVICE

This is an application whereby you agree to purchase telecommunications and entertainment services from Citizens' Telephone Cooperative 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 be 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 the 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 applies to Citizens service in accordance with the terms and conditions of the Application set forth above.

Type of service: Business New Service **Effective Date:** _____
 **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.

Customer Information:

Applicant Name (print) _____
First Middle Last

Applicant Date of Birth _____ Applicant SSN _____

Business Name (print) _____ Federal ID _____

Member/Applicant Mailing Address _____

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

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

Email Address _____

Credit: Employer _____ Contact # _____

Address: _____

Account Security: Password _____ **Password Hint** (should relate to Security Password) _____

Property Information: Own New Construction Multi-story home Single story home
 Rent If renting, property owner's name: _____

Property owner's contact #: _____ email: _____

- Online E-Care Access:** Yes No View & Pay Bills Online <https://citizens.coop/myaccount/>
- Enroll in Auto Pay:** Accept Decline
- E-Bill (Receive bill via Email):** Accept Decline



Directory Listing

- Published
- Non List (Not printed in directory; will display on Caller ID \$1.25 monthly)
- Non Published (ONLY released to E911 \$1.75 monthly)

Directory Name Listing _____ **Address** _____

(Complete only if requesting something other than Customer Name (Doe, John) and Mailing Address)

Service Agreement - Refer to Customized Customer Service Agreement

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 the primary account holder, in order to make changes or inquire about the 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) _____
First Middle Last

SSN _____ Contact Number: _____

Address if other than Primary Account Holder: _____

_____ Email address: _____
City State Zip

Member/Applicant Signature: _____ **Date:** _____
Signature verifies all information above is correct.