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Application For Membership and Telephone Service

To: Exchange

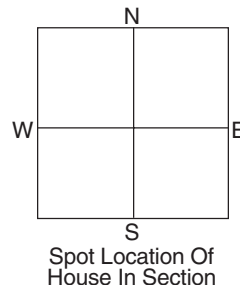
Date

PANHANDLE TELEPHONE COOPERATIVE, INC. 603 So. Main Box 1188 Guymon, Oklahoma 73942 (580) 338-5411

COMPLETE AND RETURN WITH YOUR REMITTANCE IN THE AMOUNT AS FOLLOWS:

Monthly charges + tax are billed in advance: 1-Month's Line Access \$ Subscriber Line Charge \$ Average Service Connect Charge \$ Other Services: \$ *Deposit (To Guarantee Chgs.) \$ TOTAL \$

Location of building where phone is to be installed. Rural: Section: Township Range: How Installer can locate your home: Neighbor, Street, House Description



*Upon Investigation, If We Find Your Telephone Credit Not Satisfactory A Deposit Will Be Requested Before Phone Service Will Be Provided.

APPLICANT INFORMATION

LIST MY NAME IN DIRECTORY AS LAST NAME FIRST NAME MIDDLE Billing Address: Street, Rt. or Box City, State, Zip Code

STATEMENT AND TELEPHONE DIRECTORIES WILL BE MAILED TO ABOVE ADDRESS

RESIDENCE If you are not the landowner, give his name and address BUSINESS Under what classification is it to appear in yellow pages

HAVE YOU HAD SERVICE FROM THIS COOP BEFORE TELEPHONE NUMBER

Is this building wired for a telephone Has there been service at this location Is this a mobile home

How can you be reached to install your telephone service

LAST ADDRESS: Town State Zip

NAME OF RELATIVE NOT LIVING WITH YOU Telephone #

Address Town State Zip

APPLICANT: Employed By: Occupation: Town & State SPOUSE: Employed By: Occupation: Town & State

LIST SOCIAL SECURITY NUMBERS BELOW: Applicant No. Spouse No. MARRIED SINGLE Widowed IF BUSINESS: Federal I.D. No.

The undersigned (hereinafter called the "applicant") hereby applies for membership in Panhandle Telephone Cooperative, Inc., a corporation organized under the laws of the State of Oklahoma, for the purpose of furnishing telephone service, upon the following terms and conditions:

- 1. The Applicant will pay in advance all charges occurring for the first month for exchange service, equipment, and the service connection charge. 2. The applicant will, when telephone service becomes available, take from the Cooperative telephone service to be used on the premises described above and will pay thereof monthly at rates to be determined from time to time in accordance with the bylaws of the Cooperative, it being expressly understood that all amounts paid by Applicant in excess of operating costs and expense of the Cooperative are furnished by him as capital and he shall be credited with the capital so furnished as provided in the bylaws. 3. The Applicant, if also the property owner, will grant to the Cooperative a right-of-way easement to construct, operate and maintain a telephone line or system on the land, and in or upon all streets, roads or highways abutting said land, where this service is provided. 4. The Applicant will comply with and be bound by the provisions of the charter and bylaws of the Cooperative, and such rules and regulations as may from time to time be adopted by the Cooperative. 5. The Applicant, by becoming a member, assumes no personal liability for responsibility or any debts or liabilities of the Cooperative and it is expressly understood that his private property is exempt from execution for any such debts or liabilities.

This application is made in consideration of similar applications by others and is understood to be an agreement with such applicants.

JOINT MEMBERSHIP: In order for a husband and wife to hold a joint membership, both must sign this application. If both sign, the term "member" shall be deemed to include a husband and wife holding joint membership and any provision relating to the rights and liabilities of membership shall apply equally, with respect to the holders of a joint membership. The vote of either separately or both jointly shall constitute a joint vote.

IF RESIDENCE: SIGNATURE OF APPLICANT:

MALE FEMALE

SIGNATURE OF SPOUSE:

SPECIFIC INSTRUCTIONS: NAME: If you are an individual, you must generally provide the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage, without informing the Social Security Administration of the name change, please enter your first name, the last name shown on your social security card, and your new last name.

IF BUSINESS: NAME OF BUSINESS:

TYPE OF ENTITY: (corporation, partnership, single ownership, organization, other)

SIGNATURE OF OFFICER OR AUTHORIZED AGENT

TITLE

SIGNATURE OF INDIVIDUAL RESPONSIBLE FOR ACCOUNT

OFFICE INFORMATION: Telephone # Date Installed S.O. # Type Service Membership \$ Deposit \$ Name#