



222 S. Amherst, Perryton, TX 79070

Employee # _____

SERVICE AGREEMENT

MONTHLY CHARGES & TAX ARE BILLED IN ADVANCE:

LOCAL SERVICE PACKAGE..... \$ _____
TOLL PACKAGE..... \$ _____
AVERAGE SERVICE CONNECT CHARGE..... \$ _____
ADSL/INTERNET SVC..... \$ _____
OTHER SERVICES:
DEPOSIT..... \$ _____
TOTAL..... \$ _____

LOCATION: _____

How can you be reached to install your service: _____

BILLING INFORMATION

LIST MY NAME IN DIRECTORY/BILLING AS: _____

BILLING ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ DIRECTORY ADDRESS IF DIFFERENT: _____

BUSINESS-YELLOW PAGES CLASSIFICATION: _____

INDIVIDUAL:

APPLICANT: EMPLOYED BY: _____ WORK TELEPHONE # _____
OCCUPATION: _____ SS #: _____
ADDRESS _____

SPOUSE: EMPLOYED BY: _____ WORK TELEPHONE # _____
OCCUPATION: _____ SS #: _____
ADDRESS: _____

IF YOU ARE NOT THE LANDOWNER, GIVE HIS NAME AND ADDRESS: _____

NAME OF RELATIVE NOT LIVING WITH YOU: _____ Telephone#: _____
Address: _____ Town _____ State: _____ Zip: _____

BUSINESS:

SOLE OWNERSHIP: _____ PARTNERSHIP _____ CORPORATION _____

COMPANY OFFICERS: _____ TITLE: _____

BANK: _____ ACCT. #: _____

FED ID#: _____ YEARS ESTABLISHED: _____

BILLING CONTACT: _____ PHONE: _____

I understand and agree that the above information will be used to establish this application for service. I understand that a suitable deposit may be required for service. This application becomes a contract upon the establishment of service. The applicant, if also the property owner, will grant to PTCI 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, as requested by PTCI.

RESIDENCE:

SIGNATURE OF APPLICANT: _____ MALE: _____ FEMALE: _____

SIGNATURE OF SPOUSE: _____ DATE: _____

BUSINESS:

SIGNATURE OF OFFICER OR AUTHORIZED AGENT: _____ DATE: _____

TITLE: _____

OFFICE INFORMATION: TELEPHONE #: _____ EXCHANGE: _____

**AUTHORIZATION FOR
LOCAL SERVICE**

Customer Billing Name: _____

Customer Billing Address: _____

Customer Street Address: _____

City: _____ State: _____ Zip Code: _____

Month/Year of Birth _____ Mother's Maiden Name _____ or

Last 4 digits of Social Security Number _____ or Federal ID Number _____

Name of individual authorized to act for customer: _____

Telephone number of individual authorized to act for customer: _____

By signing below, I am authorizing **PTSI** to become my new telephone service provider in place of _____
_____ (Current Telecommunications utility) for the provision of local service. I authorize **PTSI** to act as my
agent to make this change happen, and direct _____ to work with the new provider designated
above to effect the change.

I understand that I must pay a charge of approximately \$_____ to switch providers. If I later wish to return
to my current telephone company, I may be required to pay a reconnection charge to that company. I also
understand that my new telephone company may have different calling areas, rates and charges than my current
telephone company, and that by signing below I indicate that I understand those differences (if any) and am
willing to be billed accordingly.

I authorize **PTSI** to provide local service to my telephone number(s) listed below, and not others.

The telephone numbers to be changed to PTSI Local Service are as follows:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Initial here ____ if you are attaching a list of additional telephone numbers to be changed.

I certify that I have read and understand this Letter of Agency. I further certify that I am at least eighteen years
of age, and that I am authorized to change telephone companies for the services to the telephone numbers listed
above.

Signed: _____ Date: _____

**AUTHORIZATION FOR
LONG DISTANCE SERVICE**

Customer Billing Name: _____

Customer Billing Address: _____

Customer Street Address: _____

City: _____ State: _____ Zip Code: _____

Month/Year of Birth _____ Mother's Maiden Name _____ or

Last 4 digits of Social Security Number _____ or Federal ID Number _____

Name of individual authorized to act for customer: _____

Telephone number of individual authorized to act for customer: _____

By signing below, I am authorizing **PTSI Long Distance** to become my new telephone service provider in place of _____ (Current Telecommunications utility) for the provision of long distance service. I authorize **PTSI Long Distance** to act as my agent to make this change happen, and direct _____ to work with the new provider designated above to effect the change.

I understand that I must pay a charge of approximately \$_____ to switch providers. If I later wish to return to my current telephone company, I may be required to pay a reconnection charge to that company. I also understand that my new telephone company may have different calling areas, rates and charges than my current telephone company, and that by signing below I indicate that I understand those differences (if any) and am willing to be billed accordingly.

I authorize **PTSI Long Distance** to provide long distance service to my telephone number(s) listed below, and not others.

The telephone numbers to be changed to PTSI Long Distance Service are as follows:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Initial here ____ if you are attaching a list of additional telephone numbers to be changed.

I certify that I have read and understand this Letter of Agency. I further certify that I am at least eighteen years of age, and that I am authorized to change telephone companies for the services to the telephone numbers listed above.

Signed: _____ Date: _____

PTCI Long Distance Terms and Conditions

1. Charges for Service:

250 minutes per month of toll anywhere/anytime **	\$22.50/month
500 minutes per month of toll anywhere/anytime **	\$37.50/month
1000 minutes per month of toll anywhere/anytime**	\$60.00/month
60 minutes per month of toll anywhere/anytime**	Included in monthly rate for MyHome Value Plan

**Each additional minute over the allotted minutes in the plan will be rated at \$.10 per minute. Anywhere/anytime means anywhere in the continental 48 states of the United States. All other toll will be rated according to the current rates filed by NTS Communications. A copy of these rates will be provided upon request.

If the optional/required feature chosen is an internet service, and PTCI provides long distance services without a package, calls will be rated at 10¢ a minute.

In Zone 1 areas, if an optional feature is not chosen and PTCI provides long distances services without a package, calls will be rated at 15¢ a minute.

PTCI Long Distance service does not include Inter-LATA operator services. If you wish to use an operator to place an Inter-LATA call, you will be transferred to an alternate operator service provider. The operator service provider will quote rates upon request, and you will receive a separate bill directly from the operator service provider for these charges.

2. No Warranties:

PTCI excludes all warranties, express or implied, including, among other things, any implied warranties or merchantability or fitness for a particular purpose.

3. Entire Agreement:

PTCI's relationship with Customer under this Agreement shall be that of an independent contractor. This agreement constitutes the entire agreement between the parties with respect to the Service to be provided hereunder. This agreement supersedes all prior agreements, proposals, representations, statements, and understandings, whether written or oral, concerning such Services or the rights and obligations relating thereto. No change, modification or waiver of any of the terms of this Agreement, shall be binding unless reduced to writing and signed by authorized representatives of both parties.

I understand and accept the terms and conditions for PTCI Long Distance Service.

Customer Authorized Signature: _____

Date: _____