



PTCI

Credit Application

Date: _____ Account: _____ Deposit: _____

Applicant: _____

Co-Applicant: _____

Applicant SS#: _____

Co-Applicant SS#: _____

Male: ___ Female: ___ DL#: _____

Male: ___ Female: ___ DL#: _____

Married: ___ Widowed: ___ Single: ___

Married: ___ Widowed: ___ Single: ___

Applicant Employer: _____

Applicant Employer: _____

Years Employed: ___ DOB: _____

Years Employed: ___ DOB: _____

Work Address: _____

Work Address: _____

City, State, Zip: _____

City, State, Zip: _____

Work Phone: _____

Work Phone: _____

Email: _____

Email: _____

Cell Phone: _____

Cell Phone: _____

Billing Address: _____	City, State, Zip: _____
Physical Address: _____	Home Phone: _____
If you're not the landowner - Landlord Name: _____	Landlord Phone: _____
Previous Address: _____	City, State, Zip: _____
Relative (not living with you): _____	Relative Home Phone & Cell: _____
Relative Address: _____	City, State, Zip: _____

CPNI Security Question: Actor, Animal, Athlete, Food, Politics, Team Vacation

Password Requirement: 7 characters in length with at least 2 numeric characters

Security Answer: _____ Password: _____

Authorized User 1: _____ SS#: _____ DL#: _____ DOB: _____

Authorized User 2: _____ SS#: _____ DL#: _____ DOB: _____

I understand and agree that the below information will be used to establish this application for PTCI service. I understand that a suitable deposit may be required for service. I authorize and instruct any person, consumer reporting agency, credit reporting agency, or my local telephone company to compile and furnish PTCI with any information it has on me or the entity on whose behalf I am making this application for a period of three years from date below. If signing on behalf of an entity, I represent that I am a duly authorized representative of the entity shown under "Billing Name" above; and I have submitted this application in the capacity indicated as my "TITLE" below. If I am representing a corporation, I acknowledge that the execution of this document has been authorized by all necessary corporate action. IN MY INDIVIDUAL CAPACITY AND ON BEHALF OF THE ENTITY I REPRESENT, IF ANY, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND ALL OF THE TERMS AND CONDITIONS OF THIS DOCUMENT AND I AGREE TO BE BOUND THEREBY.

Applicant Signature: _____ Print: _____ Date: _____

Co-Applicant Signature: _____ Print: _____ Date: _____