



PTCI Application For Telephone Service

Applicant: _____

Date _____

Co-Applicant _____

Exchange _____

PANHANDLE TELEPHONE COOPERATIVE, INC.

2222 NW Hwy 64
 PO Box 1188
 Guymon, Oklahoma 73942
 (580) 338-2556

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: _____

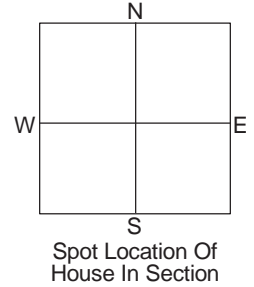
Section: _____ Township _____

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 _____

IF RESIDENCE:

SIGNATURE OF APPLICANT: _____

PRINT NAME: _____

SIGNATURE OF CO-APPLICANT: _____

PRINT NAME: _____

IF BUSINESS:

NAME OF BUSINESS : _____

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

SIGNATURE OF OFFICER OR AUTHORIZED AGENT _____

PRINT NAME: _____

TITLE _____

SIGNATURE OF INDIVIDUAL RESPONSIBLE

FOR ACCOUNT _____

For information on PTCI's Open Network Policy and Customer Information go to <http://www.ptci.net/terms-compliance-regulation>.

OFFICE INFORMATION:

Membership # _____

Name # _____

Account # _____



PTCI

Application For Membership In Panhandle Telephone Cooperative, Inc. for Telephone and/or other Communication Services

Telephone Internet

Applicant: _____

Date: _____

Joint Application: Yes or No

PANHANDLE TELEPHONE COOPERATIVE, INC.

2222 NW Hwy 64
PO Box 1188
Guymon, Oklahoma 73942
(580) 338-2556

Co-Applicant: _____

Address: _____

APPLICANT INFORMATION

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 and/or other communications services, 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 and/or other communications services becomes available, take from the Cooperative telephone and/or other communications services 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 and/or other communications systems 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: _____

PRINT NAME: _____

SIGNATURE OF CO-APPLICANT: _____

PRINT NAME: _____

IF BUSINESS:

NAME OF BUSINESS: _____

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

SIGNATURE OF OFFICER OR AUTHORIZED AGENT _____

TITLE _____

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.

OFFICE INFORMATION:

Membership # _____

Name _____

Account # _____

SIGNATURE OF INDIVIDUAL RESPONSIBLE

FOR ACCOUNT _____