

Date: Customer #:	Account #:		Deposit:	
Applicant:	Co	Co-Applicant:		
Applicant SS#:	Co	Co-Applicant SS#:		
Male: Female: DL#:				
Married: Widowed: Single:		Married: Widowed: Single:		
Applicant Employer:	Apj	Applicant Employer:		
Years Employed: DOB:	Yea	_ Years Employed: DOB:		
Work Address:		Work Address:		
City, State, Zip:	Cit	City, State, Zip:		
Work Phone:	Wo	Work Phone:		
Email:	Em	Email:		
Cell Phone:	Cel	_ Cell Phone:		
Billing Address:	City, State	e, Zip:		
Physical Address:	Home Ph	Home Phone:		
If you're not the landowner - Landlord Name:		Landloro	d Phone:	
Previous Address:	City, Sta	City, State, Zip:		
Relative (not living with you):	Relative Home Phone & Cell:			
Relative Address:	City, Sta	City, State, Zip:		
CPNI Security Question: Actor, Animal, Atl	nlete, Food, Politics,	Team, Vacation		
Password Requirement: 7 characters in length	n with at least 2 nume	eric characters		
		Password:		
Authorized User 1:				
Authorized User 2: CREDIT INFORMATION AND DEPOSITS You consent to PTCI's disclosure of account information to or from viders of services. At any time, PTCI may require you to make a suit the payment of all sums due hereunder as well as the performance of amount of that rate required by state law will be paid on your cash of deposit (and any interest accrued thereon) against your bill or any of HOW DO I ACCEPT THESE CONDITIONS You accept these ter * Giving us a written consent * Electroni * Telling us orally that you accept * Typing your set of the	credit reporting agencies, credi table deposit to be held by PTC of all other obligations you may leposit for the period during wh other amount you owe PTCI. rms and conditions by doing am	it bureaus, private credit re I, and you hereby grant PT have to PTCI whether now nich is held by PTCI. Upon y of the following:	porting associations, or to or from other pro- 'CI a security interest in such deposit, to secure v existing or hereafter arising, interest in the h termination of service, PTCI may apply your	
Applicant Signature:	Print:		Date:	
Co-Applicant Signature:	Print:		Date:	