



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

Application For Telephone Service

Date: _____ Exchange: _____

Applicant: _____ Co-Applicant: _____

Location of building where phone is to be installed.

Rural Section: _____ Township Range: _____

How installer can locate your home: Neighbor, Street, House Description _____

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 Charges) \$ _____

TOTAL \$ _____

*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 _____

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 _____

Prohibited Use of Service:

To help reduce the number of illegal robocalls that may originate on our network, PTCI has implemented robocall mitigation efforts to monitor our network and verify that calls originating over our network are from legitimate numbers belonging to a valid PTCI customer. In line with FCC rules, users of PTCI's voice service are prohibited from originating illegal and spoofed robocalls with the intent to defraud, cause harm or wrongly obtain anything of value from the recipient of the call.

Termination of Voice Service:

Violation of the Prohibited Use of Service terms can result in suspension or termination of the user's voice telephone service.

For more information on PTCI's robocall mitigation efforts, contact Brian Hough at 580-338-2556.

For information on PTCI's Open Network Policy and Customer Information click [HERE](#).

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: _____

OFFICE INFORMATION:

Name # _____

Account # _____

**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 **PTCI** to become my new telephone service provider in place of _____ (Current Telecommunications utility) for the provision of local service. I authorize **PTCI** 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 **PTCI** to provide local service to my telephone number(s) listed below, and not others.

The telephone numbers to be changed to PTCI 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: _____