

Panhandle Telephone Cooperative, Inc. 2222 NW Highway 64 • PO Box 1188 • Guymon, Oklahoma 73942 • (580) 338-2556 **Residential 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 WIT	H YOUR REMITTANCE IN THE AMOUNT A	S FOLLOWS:
Monthly charges + tax are billed in		
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 tel	ephone credit not satisfactory a deposit will be reque	sted before phone service will be provided.
Applicant Information		
LIST MY NAME IN DIRECTORY AS LAST NAME	5: FIRST NAME	MIDDLE
	DX	
City, State, Zip Code		
S	TATEMENT AND TELEPHONE DIRECTORIES WILL BE	E MAILED TO ABOVE ADDRESS
RESIDENCE - If you are not the landowr	her, give his name and address	
HAVE YOU HAD SERVICE FROM T	THIS COOP BEFORE TELEPH	ONE 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 te	lephone 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.

RESIDENCE:

Signature of Applicant: _____ Print Name: _____

Signature of Co-Applicant: ______ Print Name: _____

OFFICE INFORMATION:

Membership # _____

Account #_____