



PTCI

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

Telephone

Internet

Name of Business: _____

Date: _____

Address: _____

PANHANDLE TELEPHONE COOPERATIVE, INC.
2222 NW Hwy 64
PO Box 1188
Guymon, Oklahoma 73942
(580) 338-2556

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 all applicable terms of service and tariffs located on the Cooperative's website, 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.

BUSINESS:

NAME OF BUSINESS: _____

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

SIGNATURE OF OFFICER OR
AUTHORIZED AGENT: _____

PRINT NAME: _____

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 # _____