

GRISWOLD COMMUNICATIONS
APPLICATION FOR INTERNET, TELEVISION & VOICE SERVICE
607 Main St., PO Box 640, Griswold, IA 51535; phone 712-778-2121; fax 712-778-2500; griswoldcommunications.com

DATE: _____

1. Agreement with Rules and Regulations:

In completing this application the undersigned agree to the rules and regulations of the Telephone company as set forth in the exchange tariff, and to any general changes in rules or rates for the regulated and non regulated service(s) furnished under this application.

2. Subscriber Name(s) & Social Security Number:

Applicants Name: _____ Social Security #: ____ - ____ - _____

OR

Co-Applicants Name: _____ Social Security #: ____ - ____ - _____

Both the Applicant and Co-applicant are responsible to pay for all rates and charges for all products and services.

3. Service Address: _____ City: _____ State: ____ Zip: _____
Mailing Address: _____ City: _____ State: ____ Zip: _____

4. Cooperative Organization – Stock Purchase

Being a cooperative the purchase of a share of stock for \$25.00 is recommended. The ownership of the share of stock is evidenced by the name(s) listed on the stock. The stock should be made out to subscriber(s) listed above.

Being a cooperative, the amount of margins after expenses are allocated to the patrons each year. The patron (subscriber), in order to receive the payment of margins, should inform the cooperative of any change in address. When the cooperative pays dividends, the dividends will be sent to the address on file. Upon receiving a returned check we will try to locate the patron for payment. However, if such person cannot be located, such person agrees to donate such dividend payment for the benefit of the cooperative. By signing you agree to be responsible for prompt monthly payments. In order to maintain our mailing address, please give the name and address of a close relative (other than spouse): _____

At the discretion of the telephone company, dividends could be applied in full or in part to the customers account if the customer has been late in payments 6 or more times and has been disconnected at least once in the past year.

Section for Office Use Only:

In Service Date: _____

Telephone Number: _____

Capital Credit #: _____

Deposit Amount: _____

Verify Photo ID: _____

5. Credit Information:

Deposit Consideration: If the below credit information is not adequate or information not complete, a cash deposit may be required before service can be established.

Current Place of Employment: _____

Previous Telephone Service: _____
Company & Town

Previous Telephone Number: _____

Monthly Toll Average: _____

Prior address: _____ City: _____ State: _____ Zip: _____

Did you Rent? _____ or Own? _____

If rented, please list Landlord Name and Address:

References in Prior Towns: (Preferably Business Reference)

List Major Credit Cards Held: _____, _____, _____

Establishment of Telephone Service:

6. Telephone Bill –Cycle and Payment Due Date

Monthly bills are mailed out on the 10th of the month and are due upon receipt. The bills indicate a payment date no later than the 30th of the month. Payment not received on or before the 30th of the month is subject to disconnection. Local service is billed in advance. Tolls are billed in arrears. For example a June 10th billing would include the toll calls for May 1 through May 31.

7. Life Line Assistance is available for qualifying individuals. Please ask for a Life Line Assistance form if applicable.

8. Free 900 Call Blocking: Information Service Access Blocking is available to all customers. This feature allows a subscriber to block their line from originating 900 or 976 prefix numbers. The initial blocking request is at no charge; however, subsequent blocking and unblocking will result in a \$5.00 fee per occurrence. If you would like 900 blocking, please indicate by signing below.

9. Available Service and Options (ask about pricing):

Service:

Residential _____

Business _____

Call Waiting _____

3 Way Calling _____

Voice Mail _____

Caller ID Number _____

Caller ID Name _____

Call Forwarding _____ (basic, delayed, selective, remote access)

8 Speed Dial _____

30 Speed Dial _____

Key System _____

Additional Lines _____

Selective Call Rejection _____

Find Me Follow Me _____

Anonymous Call Rejection _____

Do Not Disturb _____

Priority Call _____

Voice Mail to Email _____

Music on Hold _____

Automatic Recall _____

Directory:

Published _____ Non-Published _____

If published, please indicate how to appear in Telephone Directory:

10. Long Distance Carriers:

Interlata _____ Intralata _____

Collect Calls: Accept _____ Block _____

3rd Party Calls: Accept _____ Block _____

Preferred Carrier Freeze: Yes _____ No _____

blueSURGE television Service

Twelve month agreement waives \$90 installation fee.

Additional jacks needed? _____ HD television? _____

blueSURGE television \$84.95 _____ Economy blueSURGE television \$27.95 _____

(service includes first standard box)

HBO Movie Pkg. \$11.99 _____ Cinemax Movie Pkg. \$11.99 _____

Starz/Encore Movie Pkg. \$11.99 _____

Standard Set Top Box \$4.99/box/month _____ DVR Set Top Box \$7.99/month _____

HD Equipment Fee \$4.00/month _____ web portal username: _____

blueSURGE internet Service

With phone service speed: 10Mbps (\$29.95) / 25Mbps (\$54.95) / 50Mbps (\$79.95) /
100Mbps (\$104.95) / 200Mbps (\$129.95) / 1Gig (\$229.95) _____

Internet Only speed: 20Mbps (\$39.95) / 60Mbps (\$89.95) / 120Mbps (\$114.95) /
220Mbps (\$149.95) / 1 Gig (\$229.95) _____

Wireless Router \$9.99/mo. _____ WiFi Extenders \$9.99/mo./unit _____

*All speeds are "up to" the speed listed. Certain restrictions do apply. User experience is influenced by devices being used and performance capability of those devices as well as wireless router capability and environmental conditions.

Tech Home

Protect \$5.99 _____ Protect Plus \$9.99 _____ Support \$14.99 _____

Add One Desktop \$4.99 _____ Add Mobile Device \$1.99 _____

Add Protect Plus \$9.99 _____

Signature of the Applicant and Co-Applicant Applying for Service:

**Applicant: _____

***Co-Applicant: _____

Date: _____

** Even if the application is not signed by the applicant, the acceptance of the service will have the effect of the person signing the application.

*** Even if the application is not signed by the co-applicant, the co-applicant is responsible for the account.

Griswold Communications reserves the right to evaluate applicant/co-applicant credit for service consideration.