SEARSBORO TELEPHONE COMPANY
APPLICATION FOR SERVICE

NAME_____SS#_____

911 ADDRESS_____CITY_____STATE___ZIP CODE_____

CURRENT CELL PHONE NUMBER_____

BILLING ADDRESS_____

NAME OF OTHER ADULTS LIVING AT THIS ADDRESS_____

AUTHORIZED PERSON(S) ALLOWED ACCESS TO ACCOUNT _____
_____

AUTHENTICATION QUESTION: WHAT IS YOUR MOTHER'S MAIDEN NAME?_____
Answer only one question WHAT IS YOUR FAVORITE COLOR?_____
WHAT CITY WERE YOU BORN IN?_____
WHAT ARE THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER?_____
WHAT WAS THE STREET YOU GREW UP ON?_____
PREVIOUS TELEPHONE COMPANY_____

PREVIOUS TELEPHONE NUMBER_____EMPLOYER#_____

PRESENT EMPLOYER_____

CREDIT REFERENCES BANK_____
BUSINESS_____

LIFE LINE ASSISTANCE IS AVAILABLE. PLEASE ASK FOR MORE DETAILS.

TOLL CARRIERS – PLEASE DESIGNATE YOUR CHOICE

INTERLATA(outside 641 area only)	INTRALATA(inside 641 area)
DONTEL .14 cents plan___(no monthly fee)	DONTEL .14 cents plan___(no monthly fee)
DONTEL .12 cents plan___($3.95 monthly fee)	DONTEL .12 cents plan___($3.95 monthly)
OTHER_____	OTHER_____

OPTIONS

OPTION#1-CW, CF, 3-WAY 8 SP D ___ OPTION#2- CW,CF,3-WAY, 30 SP D____
UNLISTED#_____900 BLOCKING____EQUIP.RENTED_____
INTERNET_____CALLER ID_____

DEPOSIT_____EQUIPMENT CONNECTION$35.00 TOTAL AMOUNT DUE_____

Any information falsely given in this form to obtain telephone service may result in the immediate termination of your telephone service and further legal action to fairly compensate Searsboro Telephone Company for service rendered. If you do not have established credit the deposit amount will be determined by the rules and regulations established by the Iowa Commerce Commission. I have read and fully understand the above.

Date_____Signature_____ ☐ **I have read the attached service agreement and agree to its terms.**
Phone#_____Cable Pair_____OCX_____
CRV_____

Revised 10/16/2014