

**KILLDUFF TELEPHONE COMPANY
APPLICATION FOR SERVICE**

NAME _____ SS# _____

911 ADDRESS _____ CITY _____ STATE ___ ZIP CODE _____

BILLING ADDRESS _____

CURRENT CELL PHONE NUMBER _____

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 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)

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 _____

Revised 10/20/2014