



Application For Service

P.O. BOX 123 Joes, CO 80822 970.358.4211

FAX 970.358.4505

www.plainstel.com

TELEPHONE NUMBER:

[Empty box for telephone number]

Name of Applicant: _____

(this will be how membership in the Cooperative is issued if applicable)

SS# _____ Drivers License # _____ State: _____

Service Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Previous Phone # _____ Previous Phone Company _____

Previous Address _____ City _____ State _____ Zip _____

Employed By _____ Emp. Phone # _____

Cell Phone # _____

Nearest Relative Not Living With Applicant:

Name _____ Phone Number _____

Address _____ Relationship _____

Everything that I have stated in this application is correct to the best of my knowledge. I authorize Plains Cooperative Telephone Association, Inc., to check my credit and employment history and to answer future questions about its credit experience with me. (The amount of the deposit which may be required of an applicant for the purpose of establishing credit shall be the amount of an expected ninety days toll and sixty days local service - \$235.00) Note: All personal information Plains Cooperative Telephone Assn. accumulates pertaining to your account is available to you, the applicant, at any time. To dispute credit findings call Experian at 1-800-422-4879.

Applicant Signature _____ Date _____

Co-Signer: (If no deposit or credit reference, must have a co-signer for Long Distance) - (Does Not Apply for Non-Telephone Services)

I do hereby assume full financial responsibility of this applicant's telephone bill as issued by Plains Cooperative Telephone Assn., Inc. (Co-Signer must be a subscriber of Plains Telephone in good standing)

Co-Signer Signature _____ Phone # _____ Date _____

DATA ACCOUNT Username _____ Password _____

_____ Published in Directory as: _____ No Charge

_____ Additional Directory Listing: _____ \$2.50/month

_____ Unlisted (Not in directory but available through directory assistance) \$1.50/month

_____ Unpublished (Not in directory or directory assistance) \$2.00/month

If your account should be referred to a credit agency, you will be responsible for an additional fee of \$20.00



Customer Proprietary Network Information Notice of Changes

The FCC will be implementing new rules shortly that will further strengthen the protection of your Customer Proprietary Network Information (CPNI). This effort by the Commission is in response to the practice of “pretexting” and provides additional privacy safeguards that will limit pretexters’ ability to obtain unauthorized access to your CPNI.

“Pretexting” is the practice of pretending to be a particular customer or other authorized person in order to obtain access to that customer’s call detail or other private communication records. Several changes will be implemented that will affect the way **Plains Cooperative Telephone Association, Inc. (Plains Telephone)** will conduct business with you in the future. Specifically, we are required to implement passwords for any customer initiated calls requesting call detail, be able to authenticate who you are as well as any additional authorized contacts you add to your account, and we are to notify you, as well as law enforcement should there be any unauthorized changes to your password, address, or account information.

The new rules require that you provide a password before **Plains Telephone** can release certain information about your account. To establish a password, please fill out the information below, or contact a customer service representative at 358-4211 or toll free at (866)358-4211. **Plains Telephone**, in compliance with the FCC rules, will utilize new authentication methods to ensure that we are dealing with the authorized contact.

Capital credits checks and allocations are written or sent to the person/persons whose name/s is on the membership. Please be aware that simply by adding a person/s name to your account does not entitle that person to any membership privileges or allow them any portion of capital credit funds. To add a name/s to your current membership you will need to contact our office personally and indicate the person/s name you wish to add.

In order for **Plains Telephone** to discuss any details about your account with another party, such as your spouse, sibling, or other, they must be authorized by you and added to your account. If you would like to add another authorized contact to your account, such as a spouse or child, please fill out the information below or contact a customer service representative at the telephone numbers listed above.

These rule changes are meant to protect you and your valuable customer proprietary information and to safeguard your privacy. Please contact us with any questions or concerns.

Please fill out the following information:

Question for authentication: City you were born in? _____

_____ No, I do not want to add any additional authorized contacts to my account.

_____ Yes, I would like to add the following as authorized contacts for my account:

Account Telephone Number(s): _____

Service Address: _____

Restricted Information Password: _____

Authorized By: _____

(Signature of person currently listed on account)

Date: _____

Please return this completed form to: Plains Cooperative Telephone Assn., Inc.
P. O. Box 123
Joes, CO 80822