



Application For Service

P.O. BOX 123 Joes, CO 80822 970.358.4211
FAX 970.358.4505
www.plainstel.com

TELEPHONE NUMBER:

Plains Communication Services, (PCS), LLC is a wholly owned subsidiary of
Plains Cooperative Telephone Association

Name of Applicant: _____ Birth Date ____/____/____
(this will be how membership in the Cooperative is issued if applicable)

SS# or FID# _____ 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 1-888-397-3742.

Applicant Signature _____ Date _____

Co-Signer: (If no credit check, deposit or credit reference, must have a co-signer for Long Distance or Broadband service)

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 _____

BROADBAND ACCOUNT

10 Mbps/5 Mbps ___ We recommend that any wireless networks within your home or business are secured at the time of setup to prevent any unauthorized access on the network. The account holder is responsible for any illegal activity that is traced back to your IP address.
20 Mbps/10 Mbps ___

other _____ Secured router _____ Unsecured router _____ Signature _____

Username _____ Password _____

Password needs to be at least 8 characters long and must include both letters and numbers.

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