

**NEW WINDSOR TELEPHONE COMPANY
APPLICATION FOR SERVICE**

Name: _____

Street Address: _____ PO Box: _____

City, State Zip: _____ County: _____

Phone Number 309-667-_____ Cell Phone Number: _____

S.S.N.: _____ Spouse S.S.N.: _____

Drivers License # _____

Employer Name & Address: _____ Phone Number: _____

Spouse Employer Name & Address: _____ Phone Number: _____

Previous Address & Phone Number: _____

MARKETING: Would you like to receive information on new products/services available within our Company? YES or NO Within our Subsidiary's (New Windsor Cable TV/Windsor Tel)? YES or NO

The following will be added to my phone/cable account information in accordance with the FCC's ruling to protect my proprietary information.

CPNI (Customer Proprietary Network Information) Password: _____

Backup authentication questions for lost or forgotten password. You may choose to answer **up to four** of the following: Favorite Color _____ Pet's Name _____
Favorite Sports Team _____ Favorite Hobby _____

I authorize the following person's to obtain information and make changes to my telephone/cable account:

Signature (required): _____ Date: _____

Must be signed by the person on the account

NEW WINDSOR TELEPHONE COMPANY

The undersigned makes application for the following service, and for such additional service as may be ordered later, and agrees to pay established rates for all such services.

Residential Service Installation \$ 20.50

Business Service Installation \$ 25.00

Deposit Toll Denial \$50.00 Residential \$136.00 Business \$180.00 Waived by: _____

Long Distance New Windsor CATV LD _____ Other: _____

TRIO Long Distance _____

Features Call Waiting 1.25/1.00 Call Forwarding 1.25/1.00 3-Way Calling 1.25/1.00

Speed Calling 1.25/1.00 Voice Mail 2.50 Caller ID 3.50

Other: _____

Published List as: _____ Non Published .73

Addlist .34 List as: _____

In making this application the undersigned agrees to the rules and regulations of the New Windsor Telephone Company as set forth in the exchange tariff, and to any general changes in the rules, regulations, tariffs or rates for the service furnished under this application. This application becomes a contract when accepted in writing by the New Windsor Telephone Company.

Signature _____

Connection Date _____

PREFERRED CARRIER FREEZE AUTHORIZATION

(Must be signed by person responsible for the New Windsor Telephone Company Account)

I hereby request and authorize New Windsor Telephone Company to freeze the Preferred Carrier on my account on each of the following services as of this date. I understand I will not be able to change my carrier selections unless I lift the freeze. I understand there is no charge to initiate and terminate this service, and that there will be a charge to change carriers.

Local Telephone Service _____ (Signature)

IntraLATA Toll Service _____ (Signature)

InterLATA Toll Service _____ (Signature)

International Toll Service _____ (Signature)

ACCOUNT NAME _____ (Please Print)

Date _____