

INLAND NETWORKS

103 S. 2ND Street
Roslyn, WA 98941
Email: custserv@inlandnet.com

**SERVICE APPLICATION
FOR THE SERVICE AREA OF:**

For Official Use Only:
Customer No.: _____
Account No.: _____
Credit Rating: _____
Contact Phone No.: _____
Assigned Phone No.: _____
Desired Activation Date: _____
CSR Initials: _____

WASHINGTON - EXCHANGES

- DEWATTO, WA
- PRESCOTT, WA
- ROSLYN, WA
- UNIONTOWN, WA

WASHINGTON - OTHER

- CLE ELUM, S. CLE ELUM, UPPER COUNTY
- EASTON

IDAHO - EXCHANGES

- LENORE, ID
- LEON, ID

Where did you hear about Inland Networks? _____

Service Address: _____ **City** _____

Service Address Ownership (Please mark appropriate): I own the premises I rent from the owner of the premises

BILLING INFORMATION

Applicants Name _____ Date of Birth _____

Drivers Lic. No. _____ and State _____ or Social Security # _____

Co-Applicants Name _____ Date of Birth _____

Drivers Lic. No. _____ and State _____ or Social Security # _____

Other Contact Number _____

Mailing Address _____

City _____ State _____ Zip _____

Optional Information:

Previous Address _____

City _____ State _____ Zip _____

BILLING POLICY

Inland Networks (services provided by Inland Telephone Company, Inland Long Distance Company, R & R Cable Company, Inland Internet and Inland Security)(where applicable) provides a combined monthly statement; all services will be in one billing statement. On the first page of the statement, there will be a total for each service and a combined total. The details for each service will be on the subsequent pages. Unless otherwise specified by you, your payment will be applied in the following order (as applicable): 1) Inland Telephone Company; 2) Inland Long Distance Company; 3) R & R Cable Company; 4) Inland Internet, and; 5) Inland Security.

Should you elect to subscribe to multiple services, as a customer, you have the option of receiving separate billing statements; a billing statement for each service. Inland Networks does not currently charge for separate paper billing statements for customers that subscribe to multiple services, however, to encourage customers to "go green", there will be a charge in the future; paper billing statements for Inland Telephone Company and Inland Long Distance Company service are excluded.

One Billing Statement YES NO

BILL STATEMENT - PAPER OR ELECTRONIC?

Do you want to receive a paper bill or an electronic bill (ebill)? (Please mark one) PAPER EBILL

If you have selected ebill, please enter your email address and a password. After your first log-in, you will be able to change your password.

EMAIL ADDRESS: _____

INITIAL PASSWORD: _____

ADDITIONAL CONTACT INFORMATION

Do you allow the Company to contact you via email? (Please mark one)

YES NO

Primary Contact Email Address: _____

To ensure compliance with the Customer Proprietary Network Information (“CPNI”) rules of the Federal Communications Commission, codified at 47 C.F.R. Part 64 Subpart U, implementing Section 222 of the Communications Act of 1934, as amended, the Company must seek the customer’s approval or disapproval to use, disclose, or permit access to the customer’s CPNI for marketing of additional services by its affiliates and business partners.

Do you allow the Company to share your account information with its affiliates for marketing of additional services and offers?

(Please mark one) YES NO

Do you allow the Company to share your account information with its business partners for marketing of additional services and offers?

(Please mark one) YES NO

CUSTOMER ACCOUNT SECURITY

Our goal is to make your account as secure as possible. In order to follow the Federal Communications Commission’s (FCC) recent guidelines designed to provide enhanced protection of your Customer Proprietary Network Information (CPNI), we ask that you create a 6 to 10-place alphanumeric pass code. If you should call our office to ask for information about your account, you will be required to remember your pass code or the answers to the Security questions.

Pass Code (ex. ABCDEF1234 or ABC1234567)

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Security Questions (must answer at least two):

What city were you born in? Answer: _____

What was your first pet's name? Answer: _____

What is your favorite color? Answer: _____

AUTHORIZED USERS

I/we fully understand that I/we am/are fully responsible for the payment on this/these account(s), I/we am/are also authorizing the following person(s) to have access to the account(s) and make changes on my/our behalf. (first and last name)

Name	_____	Phone Number	_____
Name	_____	Phone Number	_____
Name	_____	Phone Number	_____
Name	_____	Phone Number	_____
Name	_____	Phone Number	_____

DISCLOSURE AND AUTHORIZED USERS RESPONSIBILITY

The Inland Networks companies are equal service providers and do not unlawfully discriminate on the basis of race, sex, age, religion, national origin, gender identity, sexual orientation, marital status, veteran status or any other basis prohibited by federal, state or local law.

I/we certify to the truth of my/our statements, that the above information is true and accurate and I/we authorize any of the above listed companies on page 1 to obtain a credit report in connection with this application, update, renewal and extension thereof. Upon request, I/we will be informed of the bureau name and address.

I/we fully understand that by signing this application, I/we am/are fully responsible for payment of the bill for service(s) and am/are authorized to make changes to the account(s). I/we fully understand that without a signature from the co-applicant that the co-applicant as well as those that I/we may have listed as authorized users are authorized to access and make changes to the account.

SIGNATURE OF APPLICANT _____ DATE _____

APPLICANT (PRINTED) _____

SIGNATURE OF APPLICANT _____ DATE _____

CO-APPLICANT (PRINTED) _____

INLAND NETWORKS

103 S. 2ND Street
Roslyn, WA 98941
(509) 649-2211; (800) 462-4578

Fax (509) 649-2555
Email: custserv@inlandnet.com

PAYMENT & AUTHORIZATION

The Company offers the convenience of automatic payment ("auto-pay") through either a credit card, debit card or electronic funds tranfer (EFT).
Would you like to set-up auto-pay?

(Please mark one) **YES** (Please complete information) **NO** (Please go to Services)

By my/our signature(s) below, I/We am/are authorizing the Company to charge my/our credit card, debit card or bank account for charges levied by the Company on the accounts listed below. I/We fully understand that all accounts must be listed in order to participate in "auto-pay". I/We understand that the Company retains this information in a secure location. I/We have set-up this payment arrangement:

(Please mark one) **in person** **telephonically**

I/We understand that the monthly payment will be charged to the credit card, debit card or bank account listed below on the same day of each month and will be applied to my/our bill for:

Please indicate which day of the month (1st through 10th)

<u>SERVICE</u>	<u>ACCOUNT NUMBER</u>
Telephone	
Long Distance	
Cable Television	
Internet (Dial-Up, DSL, Cable Modem, Wireless)	
Security	

Payment Type: **CREDIT** **DEBIT** **EFT (Bank)**

Credit/Debit Card information:

Card Type: **Visa** **Mastercard** **Discover** **American Express**

Credit Card/Debit Card number: _____ **Expiration Date** _____

Name as shown on the Credit/Debit Card: _____

Credit/Debit Card holders billing address: _____

NOTE: Denial of your card for any reason may result in a Card Denial Fee of \$20.00 and a Late Charge; per occurrence per account if the accounts are seperately billed. If accounts are billed on a combined bill, denial of your card for any reason may result in a Card Denial Fee of \$20.00 per occurrence; a Late Charge will still apply on a per agreement per occurrence basis.

Electronic Funds Transfer (EFT) information:

Routing Number _____ **Bank** _____

Bank Account _____ **Bank Account Type** _____

Current month payment only **or** **Maximum Amount** \$ _____

NOTE: Denial of the EFT for any reason, including exceeding a "Maximum Amount", may result in an NSF Fee of \$30.00 and a Late Charge; per occurrence per account if the accounts are seperately billed. If accounts are billed on a combined bill, denial of your card for any reason may result in an NSF Fee of \$30.00 per occurrence; a Late Charge will still apply on a per agreement per occurrence basis.

SIGNATURE CARD/ACCOUNT HOLDER _____ **DATE** _____

PRINTED NAME _____