INLAND NETWORKS

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

SERVICE APPLICATION
FOR THE SERVICE AREA OF:

Where did you hear about Inland Networks? _____

Service Address: _____ **City** _____

Service Address Ownership: 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 # _____

Contact Number _____

Mailing Address _____

City _____ State _____ Zip _____

Optional Information:

Previous Address _____

City _____ State _____ Zip _____

ADDITIONAL CONTACT INFORMATION

Do you allow the Company to contact you via email? [_____]

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 choose one) [_____]

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

(Please choose one) [_____]

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) [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Account Security Questions (**must be completed**):

[_____] ANSWER: _____

[_____] ANSWER: _____

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? [   ]

BILL STATEMENT - PAPER OR ELECTRONIC?

Do you want to receive a paper bill or an electronic bill (ebill)? [   ]

If you have selected ebill, please enter your email address and the initial password for account set-up. After your first log-in, you will be able to change your password.

EMAIL ADDRESS: _____

INITIAL PASSWORD: _____

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) _____