

INLAND TELEPHONE COMPANY (d/b/a INLAND NETWORKS)

103 South 2ND Street
P.O. Box 171
Roslyn, WA 98941

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

NOTE: MUST COMPLETE A CUSTOMER INFORMATION FORM PRIOR TO COMPLETING THIS FORM.

DISCLOSURE

Inland Telephone Company is an equal service provider and does 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.

CUSTOMERS NAME(S) _____

SERVICE ADDRESS _____

TELEPHONE SERVICE REQUESTED

NOTE: ALL RATES LISTED IN THIS APPLICATION DO NOT INCLUDE APPLICABLE TAXES, SURCHARGES, AND/OR REGULATORY FEES.

ARE YOU ELIGIBLE FOR LIFELINE ASSISTANCE ? Lifeline is a federal benefit that lowers the monthly cost of phone or internet service.

Please complete FCC Form 5629 which is a Lifeline Program Application Form.

It is the customer's responsibility to properly complete the Lifeline Program Application. Failure to do so may result in full rate billing until the date that Inland Telephone Company is notified of your eligibility.

BILLING NAME AND ADDRESS DISCLOSURE

The Federal Communications Commission (FCC) has issued an Order 93-254, Docket 91-115 requiring local exchange telephone companies to disclose the customer's Billing Name and Address (BNA). As a result of the FCC mandate, Inland Telephone Company must disclose, when requested, the billing name and address of any customer utilizing certain toll services. Toll calls may be carried by an interexchange carrier, who a) is not your presubscribed interexchange carrier, or b) does not have a billing contract with Inland Telephone Company. Under these circumstances, the carrier does not know who to bill the call(s) to, and therefore, must request the customers BNA from Inland Telephone Company in order to bill the call(s). In addition, your BNA can be released for several other reasons, which may include verification for presubscription and new address purposes, fraud prevention and similar non-marketing purposes.

PREMISES INFORMATION

Is the premises a new construction?

Has the premises had prior service?

INFORMATION SERVICES

Directory Services

Would you like your telephone number?

How would you like your name(s) listed in the directory (if applicable)?

Include Address in listing?

Caller Identification

There is no monthly charge for either **Block Per Call** or **Block Per Line** service. Non-recurring charges may apply if this service is changed in the future at your request. If you do not choose, you will be given **Block Per Call**.

Caller ID is limited to fifteen (15) characters in length, no punctuation, and must be your last name first; **NO** nicknames. If you do not specify your choice, Inland Telephone Company will designate your listing.

How would you like your name to appear on Caller ID units you call?

OPTIONAL CALLING FEATURES

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CUSTOMERS NAME _____

OTHER OPTIONAL CALLING FEATURES

FEATURE GROUP 1

\$1.00 for a single feature from this group; \$0.75 each for multiple features

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Call Waiting
Customer receives a tone while on a call which indicates a second incoming call. A flash of the hook switch puts the 1st party on hold and retrieves the second call. |
| <input type="checkbox"/> | Call Forwarding
Allows customer to route incoming calls to another number. Options include: call forward on busy, call forward no answer, call forward remote activation, call forward variable and call forward variable timed. |
| <input type="checkbox"/> | Three Way Calling
Allows customer to conference with two people in different locations at the same time. |
| <input type="checkbox"/> | Speed Calling: Choice of 8 or 30
Customer can reduce the time spent dialing frequently used numbers by programming one or two digits on their keypad to automatically dial the number for them. |
| <input type="checkbox"/> | Automatic Recall
Allows you to redial the last number that called you by hitting *69 to activate or deactivate. |
| <input type="checkbox"/> | Toll Denial
Customer's phone is blocked from making 0-plus or 1-plus long distance calls. Does not block 1-800 calls. |
| <input type="checkbox"/> | Account Code Forced
Customer must enter a code which is recognized by the system, thereby allowing the use of the phone. |
| <input type="checkbox"/> | Account Code Verified
Allows customer to change service options. For example, long distance capabilities by entering an account code after dialing out. |

FEATURE GROUP 2

\$1.00 for a single feature from this group; \$0.75 each for multiple features

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Anonymous Call Rejection**
By hitting *77, all incoming calls not identified by number or name & number will be rejected unless the called party uses *87 to unblock call rejection. |
| <input type="checkbox"/> | Automatic Call Back
Allows you to redial the last number that you called by hitting *66 to activate or deactivate. |
| <input type="checkbox"/> | Selective Call Acceptance**
Key *64 to activate, *84 to deactivate. Allow you to accept calls from numbers you select. |
| <input type="checkbox"/> | Selective Call Rejection**
Key *60 to activate, *80 to deactivate. Allow you to reject calls from numbers you select. |

** Compliments Caller ID

**103 South 2ND Street
P.O. Box 171
Roslyn, WA 98941**

CUSTOMERS NAME(S)

Choosing a Long Distance Carrier

If you do not choose a specific carrier for interLATA equal access toll service and intraLATA toll dialing parity service, Inland Telephone Company will not designate any carrier as your choice. By not making a specific choice, you will, in effect, be selecting a **"No PIC"**, which is considered a service choice. If this is the case, **you may access interLATA and intraLATA long distance using any access code,** such as 101XXXX, that is available in your service area. If your choice is No PIC, you have 60 days from the date your local service is connected in which to make one change in carrier at no charge. To change your selection, you must notify the carrier of your choice, who will forward a PIC change notice to Inland Telephone Company. If you do not choose a carrier within 60 days or choose to change carriers a second time, PIC change charges will apply.

LONG DISTANCE CARRIER - RESIDENTIAL & BUSINESS SERVICE CONTACT NUMBER - PROVIDES INTERLATA AND/OR INTRALATA SERVICE

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- 1) How does their calling plan fit my personal calling needs?
- 2) What are their rates during "non-discounted periods"?
- 3) Are the rates they're showing me intrastate rates (within the state) or interstate rates (between two states)?
- 4) How do they compare with other companies' calling plans?
- 5) Are there other charges in addition to the per-minute charge?

My choice of carrier for InterLATA service is:

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My choice of carrier for IntraLATA service is:

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I further understand that by completing this application, I am asking Inland Telephone Company to be my local service provider and, if applicable, I would like to keep my local telephone number. My local telephone number is:

DATE _____

DATE _____

CO-APPLICANT (PRINTED)

INLAND LONG DISTANCE COMPANY

103 S. 2ND Street
P.O. Box 904
Roslyn, WA 98941
(509) 649-3700; (877) 801-1111
Fax (509) 649-3737

DISCLOSURE

Inland Long Distance Company is an equal service provider and does not unlawfully discriminate on the basis of race, sex, age, religion, national origin, marital status, veteran status or any other basis prohibited by federal, state or local law.

CALLING PLANS

(only one calling plan available at this time)

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INLAND Basic

\$0.25 per minute/NO monthly recurring charge*

*The rate is for domestic long distance only; International rates apply for International calls. Other restrictions may apply, please ask customer service for details.

AGENCY AGREEMENT

Grant of Agency Authority:

This Agreement authorizes Inland Long Distance Company, consistent with Federal Communications Commission and Washington Utilities and Transportation Commission requirements, to act as our agent to change our Primary Interexchange Carrier (PIC) for only the services indicated for each of the telephone numbers listed on this form.

By my/our signature(s) below:

- I/We authorize Inland Long Distance Company ("ILDC") to obtain a credit report in connection with the service I/we am/are requesting from ILDC and that a deposit may be required as a result of the credit report. Upon request, I/we will be informed of the bureau name and address
- I/We understand that only one interexchange carrier may be designated as my/our Interstate (interLATA) Primary Interexchange Carrier (PIC) for any one telephone number, and I/we further understand that any PIC change made on my/our behalf may involve the imposition of a charge by the local exchange carrier that I/we am/are responsible for paying. ILDC is further authorized to change my/our Intrastate (interLATA) and international calling services for each of the telephone numbers listed on this form or any supplement to this authorization.
- I/We understand that only one interexchange carrier may be designated as my/our intraLATA Primary Interexchange Carrier (PIC) for any one telephone number, and I/we further understand that any PIC change made on my/our behalf may involve the imposition of a charge by the local exchange carrier that I/we am/are responsible for paying.
- I/We understand that the terms, conditions and rates for ILDC's Interstate and intraLATA service can be found by contacting the business office at 509-649-3700 or 1-877-801-1111, Monday through Friday, 8:00am to 5:00pm, by mail at PO Box 904, Roslyn, WA 98941-0904 or anytime at www.inlandnetworks.com

Use of services constitutes my/our agreement to those terms, conditions and rates.

Telephone Number(s) and services to be included in this authorization:

Telephone Number	InterLATA Y/N?	IntraLATA Y/N?	International Y/N?

I/we fully understand that by signing this Agency Agreement, I/we am/are primarily responsible for payment of the bill and am/are authorized to make changes to the account. I 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 on the application, are authorized to access and make changes to the account.

SIGNATURE OF APPLICANT

DATE

APPLICANT (PRINTED)

SIGNATURE OF CO-APPLICANT

DATE

CO-APPLICANT (PRINTED)