

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

103 South 2<sup>ND</sup> Street  
P.O. Box 171  
Roslyn, WA 98941

Fax (509) 649-2555  
Email: [custserv@inlandnet.com](mailto: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 punctuations, 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**

☐

**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.

☐

**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.

☐

**Three Way Calling**

Allows customer to conference with two people in different locations at the same time.

☐

**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.

☐

**Automatic Recall**

Allows you to redial the last number that called you by hitting \*69 to activate or deactivate.

☐

**Toll Denial**

Customer's phone is blocked from making 0-plus or 1-plus long distance calls. Does not block 1-800 calls.

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**Account Code Forced**

Customer must enter a code which is recognized by the system, thereby allowing the use of the phone.

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**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**

☐

**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.

☐

**Automatic Call Back**

Allows you to redial the last number that you called by hitting \*66 to activate or deactivate.

☐

**Selective Call Acceptance\*\***

Key \*64 to activate, \*84 to deactivate. Allow you to accept calls from numbers you select.

☐

**Selective Call Rejection\*\***

Key \*60 to activate, \*80 to deactivate. Allow you to reject calls from numbers you select.

\*\* Compliments Caller ID

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CUSTOMERS NAME(S) \_\_\_\_\_

**LONG DISTANCE SERVICE ELECTION**

**Choosing a Long Distance Carrier**

Prior to the installation of your telephone service, you may choose one of a number of carriers for interLATA equal access toll service and for intraLATA toll dialing parity service at no charge. Your selection on this application will be considered your first selection at no charge, after which, a Primary Interexchange Carrier (PIC) change charge will apply to each PIC change, with the exceptions as detailed below.

**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.

Below is the list of long distance carriers available to provide you with interLATA and intraLATA long distance. The best advice is to "shop around." You may contact any of the carriers listed prior to making your selections. Once you have decided on which carrier best meets your calling needs, you must inform that carrier and Inland Telephone Company of your choice(s).

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

When selecting a long distance carrier, you may wish to consider some of the following questions:

- 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?

**Inland Telephone Company does not endorse any one specific long distance carrier. Inclusion on this list does not constitute an endorsement. The above list is provided to you in random order, which is changed on a regular basis.**

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 understand that by completing the above two lines or by leaving one or both lines blank, I have made my initial selection of carrier. By completing one or both of the above lines, I have made my initial PIC and charges may apply to future PIC changes. If I have not chosen an interLATA or intraLATA carrier, I understand that I will have no direct dialed access to interLATA or intraLATA long distance and I have sixty (60) days from the date my local service is connected to change my selection of **NO PIC** one time at no charge. I understand that I can write No Carrier on either line as my initial choice and by doing so I will not have a presubscribed carrier assigned to my telephone line in the switching equipment.

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: \_\_\_\_\_

SIGNATURE OF APPLICANT

DATE

APPLICANT (PRINTED)

SIGNATURE OF CO-APPLICANT

DATE

CO-APPLICANT (PRINTED)

## **INLAND LONG DISTANCE COMPANY**

103 S. 2<sup>ND</sup> 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](http://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)