



SERVICE APPLICATION CONTRACT

*** FOR OFFICE USE ONLY ***			
<input type="checkbox"/> BUS	<input type="checkbox"/> RES	<input type="checkbox"/> OTHER	<input type="checkbox"/> TELEPHONE ONLY
<input type="checkbox"/> OAKHURST	<input type="checkbox"/> MARIPOSA	<input type="checkbox"/> TELEPHONE AND DSL	
SVC ORDER #: _____		MACC #: _____	
ASSOCIATE: _____		SCHEDULE DATE: _____	
TELEPHONE NUMBER: _____			

CUSTOMER INFORMATION

APPLICANT NAME:		DATE OF BIRTH:	
LAST 4 DIGITS SSN:	PHOTO ID#:	(IF RETURNED BY MAIL A COPY IS REQUIRED)	
CELL/CBR #:	EMAIL:		
EMPLOYER/SOURCE OF INCOME:	PHONE #:	YEARS:	
CO-APPLICANT NAME:		DATE OF BIRTH:	
LAST 4 DIGITS SSN:	PHOTO ID#:	(IF RETURNED BY MAIL A COPY IS REQUIRED)	
CELL/CBR #:	EMAIL:		
EMPLOYER/SOURCE OF INCOME:	PHONE #:	YEARS:	
MAILING ADDRESS:			
		CITY:	STATE:
		ZIP + 4:	
SERVICE ADDRESS:		CITY:	
<input type="checkbox"/> NEW INSTALL <input type="checkbox"/> RECONNECT <input type="checkbox"/> FIELD <input type="checkbox"/> SUPERSEDURE <input type="checkbox"/> NEW CONSTRUCTION APN: _____ LE#: _____			

BUSINESS / CORPORATE INFORMATION (IF APPLICABLE)

<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> SUBSIDIARY <input type="checkbox"/> GOVERNMENT AGENCY <input type="checkbox"/> OTHER	
BUSINESS/COMPANY NAME:	
MAIN TELEPHONE NUMBER:	FEDERAL TAX ID#:
APPLICANT TITLE:	CO-APPLICANT TITLE:
AUTHORIZED CONTACT:	

CREDIT INFORMATION

HOUSING: <input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> LEASE	LANDLORD NAME: _____
	TELEPHONE NUMBER: _____
PREVIOUS TELEPHONE:	HOW LONG: _____ YEARS: _____ MONTHS: _____
PREVIOUS ADDRESS:	

LONG DISTANCE

PIC FREEZE (888) <input type="checkbox"/> YES <input type="checkbox"/> NO
PIC _____ CIC _____ LOA <input type="checkbox"/>
LPIC _____ CIC _____ LOA <input type="checkbox"/>

DIRECTORY INFORMATION

DO YOU WANT TO BE LISTED IN THE TELEPHONE DIRECTORY AND 411? <input type="checkbox"/> YES <input type="checkbox"/> NO
PUBLISH NAME OR BUSINESS NAME AS: _____
STREET ADDRESS LISTED: <input type="checkbox"/> YES <input type="checkbox"/> NO CITY LISTED: <input type="checkbox"/> YES <input type="checkbox"/> NO MCH: _____
ADDITIONAL LISTING: <input type="checkbox"/> YES <input type="checkbox"/> NO HOW LISTED: _____
WOULD YOU LIKE TO BE CONTACTED ABOUT A YELLOW PAGE AD? <input type="checkbox"/> YES <input type="checkbox"/> NO

ACCESSIBILITY INFORMATION

DO YOU OR ANY PERSON LIVING IN YOUR HOUSEHOLD HAVE ANY SPECIAL NEEDS? <input type="checkbox"/> YES <input type="checkbox"/> NO
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CALIFORNIA LIFELINE TELEPHONE PROGRAM

CALIFORNIA LIFELINE TELEPHONE PROGRAM QUALIFICATIONS

PROGRAM BASED:

Medicaid/Medi-Cal - Low Income Home Energy Assistance Program (LIHEAP) - Supplemental Security Income (SSI) - Federal Public Housing Assistance or Section 8 - Cal Fresh Supplemental Nutrition Assistance Program (SNAP)(Formerly known as Food Stamps) - Women, Infants and Children program (WIC) - Healthy Families Category A - National School Lunch Program (NSLP) - Temporary Assistance for Needy Families (TANF, CalWORKs, StanWORKs, WTW, or GAIN) - Tribal TANF - Bureau of Indian Affairs General Assistance – Head Start Income Eligible (Tribal Only)

INCOME BASED – INCOME MUST BE BELOW:

1 – 2 MEMBERS... **\$25,100** 3 MEMBERS... **\$29,300** 4 MEMBERS.... **\$35,400** (For each additional member after 4 members, add \$6100 to \$35,400)

To be eligible for Lifeline you cannot be claimed as a dependent on another person's income tax return.

ARE YOU ELIGIBLE? YES NO TRANSFER PREVIOUS LIFELINE PHONE WITHIN 30 DAYS? _____ PHONE NUMBER _____

DO YOU REQUIRE: BRAILLE LARGE PRINT ENHANCED

HOW TO AVOID BEING SLAMMED

In order to avoid having your toll carrier changed without your consent, Sierra Telephone can establish a preferred interexchange carrier (PIC) freeze on your account. A PIC freeze prevents a change in your long distance carrier unless you give us your express consent to remove the freeze. The PIC restriction may be lifted by either written notice or third party verification. No change of carrier can be made on your account until you lift the PIC freeze. The PIC freeze removal forms are available upon request. I hereby authorize Sierra Telephone to place a PIC freeze on my account so that my choice of long distance carrier cannot be changed without my consent.

_____ INTRALATA TOLL _____ INTERLATA TOLL (INITIAL PLEASE)

PRIVACY POLICY

Sierra Telephone is committed to protecting your privacy, and we want to take this opportunity to inform you about your rights and options with respect to your account information. Your account contains basic personal information, such as your name, address, and telephone number, as well as information about your calling patterns, services and features. Some of this information is referred to as Customer Proprietary Network Information, or CPNI. Sierra Telephone is bound by federal and state law to protect your account information, and we manage your account to ensure its security so that your information remains confidential. Furthermore, if your telephone number has been designated as unpublished and unlisted, Sierra Telephone will remain committed to protecting the confidentiality of your telephone number and ensures that your telephone number will not be disclosed to unaffiliated third parties or listed in telephone directories.

In order to promote and market new and/or existing products, services and product packages to you, we would like to share your account information, including information protected under federal and state law, with our Sierra Telephone corporate family of affiliates. This proposed sharing of account information will not reduce any of the protections applied to your account to prevent that information from disclosure to unaffiliated third parties. You have a right to restrict disclosure of your account information, and you are under no obligation to consent to this proposed sharing. However, if you choose to not give your consent, we will be unable to use your information to offer you new products and services, such as bundled opportunities. May Sierra Telephone share your account information with its affiliates for the purpose of offering you services, such as bundles, and information about affiliate products and services?

_____ YES (Initial) _____ NO (Initial)

Please note that your consent to allow sharing of your account information with our affiliates will remain valid until you express a desire to restrict such disclosure. You may change your decision at any time by contacting Sierra Telephone.

SIERRA TEL PAYMENT POLICY AND SERVICE APPLICATION CONTRACT

You are responsible for payment of authorized charges on your bill. Your payment is DUE when you receive your bill and becomes DELINQUENT TWENTY-TWO (22) calendar days thereafter. Failure to pay charges for basic flat rate single line service charges, as defined in California Public Utilities Commission Decision 96-10-066, Appendix B, page 5, including all mandated surcharges and taxes (i.e. the charges designated with an * on your telephone bill) may result in a disconnection of telephone service. Other services, such as the ability to make toll calls, may be restricted if not paid. Optional services may be discontinued. Other action to collect unpaid accounts may also be taken. If your service is disconnected for non-payment, you must pay the delinquent amount and a charge to reconnect your service. You may also be required to pay a deposit.

Sierra Telephone currently provides third-party billing and collection for its affiliates only.

This contract shall at all times be subject to such changes or modifications by the California Public Utilities Commission as said Commission may, from time to time, direct in the exercise of its jurisdiction.

APPLICANT SIGNATURE: _____ DATE: _____

CO-APPLICANT SIGNATURE: _____ DATE: _____