

**SULLY TELEPHONE ASSOCIATION  
APPLICATION FOR SERVICE**

NAME \_\_\_\_\_ SS# \_\_\_\_\_

911 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CURRENT CELL PHONE NUMBER \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

NAME OF OTHER ADULTS LIVING AT THIS ADDRESS \_\_\_\_\_

AUTHORIZED PERSON(S) ALLOWED ACCESS TO ACCOUNT \_\_\_\_\_

AUTHENTICATION QUESTION: WHAT IS YOUR MOTHER'S MAIDEN NAME? \_\_\_\_\_

**Answer only one question** WHAT IS YOUR FAVORITE COLOR? \_\_\_\_\_

WHAT CITY WERE YOU BORN IN? \_\_\_\_\_

WHAT ARE THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER? \_\_\_\_\_

WHAT WAS THE STREET YOU GREW UP ON? \_\_\_\_\_

RACIAL/ETHNIC GROUP (REA REQUIREMENT)

(A) WHITE (NOT OF HISPANIC ORIGIN) \_\_\_\_\_

(B) BLACK (NOT OF HISPANIC ORIGIN) \_\_\_\_\_

(C) HISPANIC \_\_\_\_\_

(D) AMERICAN INDIAN OR ALASKAN \_\_\_\_\_

(E) ASIAN OR PACIFIC ISLANDER \_\_\_\_\_

The following information is requested by the Federal Government for certain types of loans and grants, in order to monitor compliance with civil rights laws. You are not required to furnish this information, but are encouraged to do so. The law requires that a program recipient may neither discriminate on the basis of this information nor on whether you choose to furnish it. However, if you choose not to furnish it, under federal regulations, this program representative is required to note race/ethnicity on the basis of visual observation or surname.

PREVIOUS TELEPHONE COMPANY \_\_\_\_\_

PREVIOUS TELEPHONE NUMBER \_\_\_\_\_ EMPLOYER# \_\_\_\_\_

PRESENT EMPLOYER \_\_\_\_\_

CREDIT REFERENCES BANK \_\_\_\_\_

BUSINESS \_\_\_\_\_

LIFE LINE ASSISTANCE IS AVAILABLE. PLEASE ASK FOR MORE DETAILS.

**TOLL CARRIERS – PLEASE DESIGNATE YOUR CHOICE**

INTERLATA(outside 641 area only)

INTRALATA(inside 641 area)

STA .14 cents plan \_\_\_\_\_ (no monthly fee)

STA .14 cents plan \_\_\_\_\_ (no monthly fee)

STA .12 cents plan \_\_\_\_\_ (\$3.95 monthly fee)

STA .12 cents plan \_\_\_\_\_ (\$3.95 monthly fee)

OTHER \_\_\_\_\_

OTHER \_\_\_\_\_

**OPTIONS**

CALL WAITING \_\_\_\_\_ CALL FORWARDING \_\_\_\_\_ 3-WAY CALLING \_\_\_\_\_

SPEED CALLING 8 \_\_\_\_\_ UNLISTED# \_\_\_\_\_ 900 BLOCKING \_\_\_\_\_ EQUIP.RENTED \_\_\_\_\_

INTERNET DIAL-UP \_\_\_\_\_ DSL \_\_\_\_\_ CALLER ID \_\_\_\_\_ with VOICEMAIL \_\_\_\_\_

DEPOSIT \_\_\_\_\_ EQUIPMENT CONNECTION \$30.00 TOTAL AMOUNT DUE \_\_\_\_\_

Any information falsely given in this form to obtain telephone service may result in the immediate termination of your telephone service and further legal action to fairly compensate Sully Telephone Association for service rendered. If you do not have established credit the deposit amount will be determined by the rules and regulations established by the Iowa Commerce Commission. I have read and fully understand the above.

Date \_\_\_\_\_ Signature \_\_\_\_\_  I have read the attached service agreement and agree to its terms.

Phone# \_\_\_\_\_ Cable Pair \_\_\_\_\_ CRV \_\_\_\_\_

Revised 10/22/2014