

Glandorf Fi-Optics
Application for Telephone Service

Date _____ Telephone No. _____-538- _____ Listed _____ Unlisted
Current No. Porting In _____ .65¢ per mo.
(Letter of Authorization)

Name _____ Social Security # _____
or Federal ID # _____

Billing Address _____ City/State/Zip _____

Street Address _____ Township _____

Cell No. _____ Date of Birth _____

Place of Employment _____ City/State _____

Spouse's Name _____ Spouse's Cell No. _____

Spouses's Employment _____ City/State _____

Active E-mail Address _____

Date To Start Service _____

Type of Dwelling:
_____ House _____ Mobile Home _____ Apartment _____ Nursing Home _____ Business _____ Own or _____ Rent

If Renting Landlord's Name & Phone Number _____

Type of Service _____ Residential _____ Business

Features - Fee Varies

_____ Call Waiting _____ Voice Mail _____ Call Forwarding
_____ Caller ID _____ 3-Way Calling _____ Speed Dial 8/30 #
_____ Calling Name _____ Automatic Recall *69 _____ Automatic Callback

Blocks

_____ Long Distance Block _____ 900 Block
_____ 3rd Party Block _____ Collect Call Block

Other

_____ Battery Back-Up

Signature _____

Office Use Only

_____ NISC _____

_____ SO # _____

_____ Review _____

_____ Phone Book _____

_____ Number Book _____

_____ 911 _____

_____ LIDB / CNAM _____

_____ Dir. Assistance _____

_____ Care Sheet _____

_____ Date Installed _____

Name and Address as you want it to appear in the telephone book.

Name _____

Address _____ City: _____

Telephone # _____

Additional Listing - \$1.00 each

Name _____

Address _____ City: _____

Telephone # _____