



NORTHEAST FLORIDA TELEPHONE COMPANY, INC.

130 North 4th Street, P.O. Box 485, Macclenny, Florida 32063
Telephone Number: 904-259-2261 Fax Number: 904-259-4550

BUSINESS CREDIT APPLICATION

All blanks must be completely filled in with the correct information. If not applicable to you, please indicate N/A (nonapplicable). Intentionally giving false information will be considered an intent to defraud, and the application will be denied. The discovery after service is established that incorrect information was given on this form will be considered grounds for immediate discontinuation of service.

The Social Security number or Federal Identification number is requested for one or more of the following: identification, or Internal Revenue 1099 Interest Income form.

NAME OF BUSINESS _____

NAME OF RESPONSIBLE PARTY _____ POSITION _____

ADDRESS _____

MAILING ADDRESS _____

DIRECTORY NAME _____

DIRECTORY LISTING: PUBLISHED _____ NONPUBLISHED _____ UNLISTED _____

YELLOW PAGE CLASSIFIED HEADING _____

EXISTING TELEPHONE _____ PREVIOUS TELEPHONE SERVICE _____ ESTIMATED TOLLS _____

FORMER ADDRESS _____

OTHERS AUTHORIZED TO USE TELEPHONE _____

CONTACT # _____ LENGTH OF EMPLOYMENT _____

DIRECTIONS TO BUSINESS LOCATION _____

WE MUST HAVE THE FOLLOWING INFORMATION ON EACH PERSON PAYING ON THIS ACCOUNT:

NAME _____

POSITION OR TITLE _____ LENGTH OF EMPLOYMENT _____

SOCIAL SECURITY # _____ FEDERAL IDENTIFICATION # _____

NAME _____

POSITION OR TITLE _____ LENGTH OF EMPLOYMENT _____

SOCIAL SECURITY # _____ FEDERAL IDENTIFICATION # _____

AGREEMENT OF APPLICANT

In making this application, the undersigned agrees to the rules and regulations of the Telephone Company as set forth in the General Subscriber Service Tariff and to any general changes in the rules, regulations, tariff or rates for the service furnished. This application becomes a contract when accepted in writing by the Telephone Company in consideration of the mutual interests of both parties.

Under penalties of perjury, I swear or affirm that I have read the foregoing and that the facts and matters alleged are true and correct to the best of my knowledge and belief.

SIGNATURE OF RESPONSIBLE PARTY

DATE

SIGNATURE OF JOINT APPLICANT

DATE

WITNESS
(COMPANY USE)

DATE

If JOINT account, both parties MUST sign.
Signatures on applications completed outside Northeast Florida Telephone Company's business office must be witnessed by a Notary Public.

TELEPHONE BUSINESS OFFICE INFORMATION

(For office use only)

CREDIT CHECK

NUMBER CHECKED _____ BUSINESS OFFICE NUMBER _____

DATE ESTABLISHED _____ DATE DISCONNECTED _____

AVERAGE LONG DISTANCE _____ PAYMENT HISTORY _____

RETURNED CHECKS _____ CLASS _____ SECURITY DEPOSIT _____

FINAL BILL PAID _____ FINAL BILL OWING _____

OTHER INFORMATION AND SECURITY DEPOSIT REQUIREMENTS

OTHER INFORMATION CONCERNING APPLICANT _____

SECURITY DEPOSIT AMOUNT _____ CLASS _____

SERVICE REPRESENTATIVE _____ DATE COMPLETED _____