



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

APPLICATION FOR TELEPHONE SERVICE

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 is requested for one or more of the following: identification, Lifeline Assistance program, and Internal Revenue 1099 Interest Income form.

APPLICANT'S NAME _____ S.S.# _____

PLACE OF EMPLOYMENT _____ EMPLOYER'S PHONE # _____

EMPLOYER'S ADDRESS _____ LENGTH OF EMPLOYMENT _____

JOINT APPLICANT AND/OR SPOUSE _____ S.S.# _____

PLACE OF EMPLOYMENT _____ EMPLOYER'S PHONE # _____

EMPLOYER'S ADDRESS _____ LENGTH OF EMPLOYMENT _____

IF MILITARY STATUS APPLIES, PLEASE INDICATE: APPLICANT _____ JOINT APPLICANT AND/OR SPOUSE _____

MILITARY I.D.# _____ RANK _____ PRESENT STATUS _____

COMMANDING OFFICER _____ CONTACT # _____

FORMER ADDRESS _____ PREVIOUS PHONE # _____

EXISTING PHONE # _____ ESTIMATED MONTHLY LONG DISTANCE \$ _____

CURRENT MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

STREET/E911 ADDRESS _____ TYPE OF STRUCTURE _____

DIRECTIONS TO HOME _____

NEAREST NEIGHBOR WITH PHONE SERVICE _____ PHONE # _____

OTHERS AUTHORIZED TO USE PHONE _____

CONTACT NUMBER AND NAME _____

DIRECTORY LISTING: PUBLISHED _____ UNLISTED _____ NONPUBLISHED _____

DIRECTORY NAME _____

(Continued on Reverse)

FEDERAL COMMUNICATIONS COMMISSION NAME AND ADDRESS DISCLOSURE REQUIREMENTS

The Federal Communications Commission (FCC) now requires us to give your billing name and address (BNA) to "interstate service providers." Interstate service providers are usually long distance companies, but they also include pay phone owners, hotels, long distance resellers and 900 number providers. These interstate service providers may bill you directly when you use your calling card or accept collect or third-party charges. The FCC restricts the use of your name and address to the limited purposes of:

- Billing and Collection
- Transient Customer Identification
- Order Entry
- Fraud Protection

REQUEST TO RELEASE OR WITHHOLD BNA

If you have requested an unlisted or nonpublished number, please indicate below if you want your billing name and address (BNA) information released or withheld.

Release BNA Information (Y) _____

Withhold BNA Information (N) _____

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 _____