

**APPLICATION FOR TELEPHONE SERVICE
FARMERS MUTUAL TELEPHONE COMPANY
STANTON, NEW MARKET, & BETHESDA, IOWA
410 BROAD AVE. P.O. BOX 220 STANTON, IA 51573-0220
712-829-2111 www.fmtcnet.com**

**PLEASE PRINT & FILL OUT APPLICATION THOROUGHLY !!!
(NUMBER CODES IN PARENTHESIS ARE FOR OFFICE USE ONLY)**

Over 18 years of age: _____Y _____N

Billing Name (name that bill is to be sent to):

E911 Address (Physical address of home) including Post Office Box if applicable & 9 digit zip code:

Billing Address (if different from above):

Will this number be used as a Business Line (102)? _____Y _____N

Do you want your listing Published or Unpublished?

Unpublished _____ (602)

Published _____ Name in Directory _____

Do you want your telephone number **blocked from caller ID** (026)? _____Y _____N

In what county do you reside?

Montgomery (612) _____

Taylor (611) _____

Page (613) _____

Is your residence within the city limits? _____Y _____N

Do you qualify for the "Low Income Telephone Assistance Programs" (007, 108 & 404)? If so, do you want to participate in either of these programs? If answer is "yes", please request & fill out the "Link-Up and Lifeline Rate Assistance Application" & return to us.

_____ Yes, I qualify _____ No, I do not qualify

Do you want to rent any phones from us? If answer is yes, please state whether you want to rent a touch-tone desk phone, a touch-tone wall phone, or a trendline touch-tone phone.

Touch-tone Phone Rental (204) \$1.25 a month _____

Trendline Phone Rental (206) \$2.25 a month _____

When do you want service? _____ (Allow 48 hours after weekends,
holidays or _____ completion of application)

NOTE: There is a \$20.00 one time New Install Charge (001) that will appear on your first telephone bill. If any of the special features are added later, there will be a \$10.00 service charge (006) each time you add one.

Please check any of the following that you wish to receive:

Wire Maintenance (301) _____ \$1.00 a month (**The telephone company will only maintain wiring that is company installed. We may inspect the present wiring before we agree to maintain it.**)

Call Waiting (502) _____ \$1.00 a month 900 Block (027) _____ FREE (\$10.00 charge if reinstalled later)

Special Feature Package (500) (includes 3-Way calling, Speed Dialing, & Call Forwarding) _____ \$1.00 a month

Voice Mail: Economy(565) _____ \$3.50/month: Basic(566) _____ \$4.50/month: Standard(567) _____ \$5.50/month:

Info Only(568) _____ \$2.95/month: Family Member(569) _____ \$0.50/month

Caller ID Name/Number Delivery Feature (530) _____ \$3.50/mo Caller ID Module Rental (235) _____ \$3.00/mo
Caller ID on Call Waiting (532) _____ \$4.50/mo Anonymous Call Rejection (523) _____ \$2.50/mo

Call Restriction (521) (requires a 4 digit code of your choice to call long distance) _____ \$1.00 a month

Toll Restriction (520) (No one is able to call long distance or 800 numbers, but can call E911) _____ \$1.00 a mo.

Do you want any telephone jacks installed (020)? _____ If so, how many? _____ (\$45.00 each--added to phone bill)

FMTC Travel Card (240) _____

Please list your work number (or another number where you can be reached) in case we have any questions regarding your new telephone service. _____

Who would you like for your long distance provider? (Unless you specify differently, we will give you the **same** long distance carrier for both your Interlata and Intralata service). Please call 800# to set up your name in their database.

FMTC LONG DISTANCE (10¢ A MINUTE ANYTIME & \$3.95 PER MONTH) _____ (5314/936)

FMTC LONG DISTANCE (14¢ A MINUTE ANYTIME WITH NO MONTHLY CHARGE) _____ (5462/935)

FMTC NATIONAL (7¢) OR STATE (5¢) BUNDLED PLANS (ask for further information) _____ (5817)

AT & T _____ (190/288) (For calling plans call) Residential: 1-800-222-0300 Business: 1-800-222-0400

MCI _____ (0222) Residential: 1-800-444-3333 Business: 1-800-444-2222

SPRINT _____ (0333) Residential: 1-800-877-4646 Business: 1-800-877-4020

OTHER (Specify) _____

DO YOU WANT A *PREFERRED CARRIER FREEZE* PLACED ON YOUR NUMBER? IF SO, PLEASE SIGN ATTACHED FORM & RETURN TO US WITH THIS APPLICATION.

All adults living in the home must sign this application.

The undersigned makes application for the above Service and Equipment, and for such additional Service or Equipment as may be ordered later, and agrees to pay established rates for all such Services and Equipment. In making this application the undersigned agrees to the rules and regulations of the Telephone Company as set forth in the exchange tariff and to any general changes in the rules, regulations, tariffs or rates for the Service furnished under this application.

DATE _____

SIGNED _____ SOCIAL SECURITY #

SIGNED _____ SOCIAL SECURITY #

Telephone Number assigned by Farmers Mutual Telephone Company: _____

REQUEST FOR PREFERRED CARRIER FREEZE (PIC FREEZE)

Serving – Bethesda, New Market and Stanton

Headquarters at Stanton

Farmers Mutual Telephone Company
PO Box 220
Stanton, IA 51573-0220
712-829-2111

Many of our customers have had their telephone service provider changed without their consent. This practice is known as “slamming”. In order to better serve you and keep you from getting your service changed without authorization, we are now providing a service for our customers who would like to have more control over their telephone service. This service is called Preferred Carrier Freeze. **A Preferred Carrier Freeze prevents a change in a subscriber's long distance service without the consent of the subscriber.** The Preferred Carrier Freeze can be placed on your intrastate and interstate carriers.

Once the Preferred Carrier Freeze is in place, only you can lift the freeze, either by written or verbal authorization. The authorization required for the lifting of the Preferred Carrier Freeze is in addition to the notification required to change to a different long distance carrier and/or any special Calling Plans.

The written authorization must be signed and state your intent to lift a Preferred Carrier Freeze. It should also include your billing name and address and each telephone number to be affected.

The verbal authorization can be initiated by you, the customer, or can be a three-way conference call with you, the long distance carrier to which you wish to switch, and one of our service representatives.

There is no cost to add a Preferred Carrier Freeze.

The cost of changing long distance carriers is presently \$5.00.

Please fill out the enclosed form and return to our office in Stanton or New Market to have the Preferred Carrier Freeze protection applied to your service.

REQUEST FOR PREFERRED CARRIER FREEZE

Subscriber Billing Name: _____

City: _____ State: IA Zip Code: _____

Telephone Number(s) to be covered by Preferred Carrier Freeze:

1. 712- _____

2. _____

3. _____

I understand that there are no charges upon which I have ordered a Preferred Carrier Freeze.

Signature: _____ **Date:** _____

Print Name: _____

FOR OFFICE USE ONLY: INS _____ USP 777 _____ CHECK PIC BOXES _____ CS _____

Dear Subscriber:

With our **DIRECT PAYMENT PROGRAM** you will not have to write another check to pay for your monthly telephone bill. When you enroll, we will automatically deduct the "TOTAL AMOUNT DUE" (found on your bill) from your checking account on the 10th of each month. You will continue to receive your monthly bill so you can review your calls, but it will reflect "Direct Payment Program" authorization.

To sign up for the DIRECT PAYMENT PROGRAM, complete and sign the form below. Return it to the business office of Farmers Mutual Telephone Company, **along with a voided check** on the account you want us to use for your payments. This will give us your bank account and routing numbers, which are needed to set up the DIRECT PAYMENT PROGRAM for your convenience.

If you have any questions about the program, please call the office at 829-2111. We are ready to help ease your bill paying.

Sincerely,
Kevin Cabbage, General Manager

AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS

I (we) hereby authorize Farmers Mutual Telephone Company, hereinafter called COMPANY, to initiate debit entries to my (our) checking account indicated below, at the depository named below, hereinafter called DEPOSITORY, to debit same to such account on **the tenth (10th) of the month.**

BANK NAME: _____

CITY: _____ STATE: _____ ZIP: _____

TRANSIT/ABA NUMBER: _____ ACCOUNT NUMBER: _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination and/or bank account is discontinued, in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. The notification to the COMPANY should reach them prior to the 20th of the month with termination to affect the next month's billing.

For verification purposes, a voided check must accompany this agreement.

SIGNED: _____

DATE: _____ TELEPHONE NUMBER(S) _____

I understand that adequate account balances must be maintained by me for the ACH Debit on the 10th. If not, a fee will be charged to my telephone account and the resulting non-payment could lead to disconnection of service.

To the Customers of The Farmers Mutual Telephone Company:

NOTICE REGARDING YOUR RIGHTS TO PRIVACY OF INFORMATION:

The Federal Communications Commission (FCC) recently revised certain rules pertaining to the information that we have concerning the services we bill to you, known as Customer Proprietary Network Information or CPNI. This would include such things as the type and quantity of the services subscribed to, the equipment and facilities used, and the numbers, dates, times and durations of the calls you place.

This letter is to inform you of our policies in this regard, and your rights to protect the information about the telecommunications services you purchase.

Use of CPNI by The Farmers Mutual Telephone Company and its affiliated entities providing telecommunications related services, as well as third-party agents and joint venture partners providing communications related services:

We will adopt a policy, as allowed by the FCC, to consider that all subscribers have given their consent to use CPNI for our own company and its related affiliates, but that you have the right to tell us in writing that you do not wish us to use your information for this purpose.

YOU NEED ONLY RETURN THE ATTACHED FORM IF YOU INTEND TO DENY THE FARMERS MUTUAL TELEPHONE COMPANY AND ITS AFFILIATES THE USE OF YOUR PROPRIETARY INFORMATION.

Please read carefully our notice concerning your rights in the protection of your information by The Farmers Mutual Telephone Company, and respond if necessary.

___ I DO NOT allow the use of my proprietary information (CPNI) to The Farmers Mutual Telephone Company and its affiliates.

If you DO NOT allow The Farmers Mutual Telephone Company to use your CPNI, this means that the information we need to be able to offer you more personalized service offerings and possible cost savings would be limited by the restriction to CPNI information. This ultimately means that we may not be able to introduce you to products or services that may interest you.

Name: _____ Telephone # _____
(Please Print)

Signature: _____
