



BUSINESS SERVICE APPLICATION

301 Hwy 96 SW Lavaca, AR 72941 * Ph: (479) 674-2211 * www.pinncom.com

TELEPHONE NO. **674-**_____
ACCOUNT# _____

SERVICE NAME: _____	BILLING NAME: _____
SERVICE ADDRESS: _____	BILLING ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____	CITY: _____ STATE: _____ ZIP CODE: _____

Authorized Signer

Name (Please Print) _____ **Signature** _____

Title (Please Print) _____ **TIN** (Tax Identification Number) _____

SSN _____ **DOB** _____ **Alt Phone #** _____

CONTRACT FOR GUARANTEE OF PAYMENT

(I/We), _____, the undersigned, hereby contract, covenant and agree to guarantee payment in full of any and all charges for telephone services and equipment rendered or provided to _____, applicant. In consideration, Lavaca Phone Company, Inc. DBA Pinnacle Communications, such unpaid or past due balance may be added to (my/our) telephone bill, for which (I/we) guarantee full payment.

SIGNED THIS _____ DAY OF _____, 20____.

GUARANTOR

GUARANTOR

OTHER AUTHORIZED PARTIES:

Name _____	Name _____	Name _____
Title _____	Title _____	Title _____
Signature _____	Signature _____	Signature _____

NOTICE

Any unpaid balance due for more than **60 days** may be turned over to a collection agency. If such occurs, the costs incurred by Pinnacle Communications in collection efforts will be assessed to the customer. Such cost could be in an amount of up to 50% of the final amount due.

I have read and understand the above notice.

Signature

Date

LISTED _____ UNLISTED _____ NON PUB _____

CLASS: RES _____ BUS _____

DIRECTORY LIST _____

EXTRA LISTING _____

- MAIL
- BANK DRAFT * **(Form Required)**
- EMAIL * **(Form Required)**

INTERNET SERVICE: Y / N

USERNAME _____

PASSWORD _____

INTERNET SPEED _____

ETHERNET CABLE _____

INSTALLATION CHARGE _____

CONTRACT 6 MO INSTALL _____ 12 MO COMBO _____

WIRING CHARGE _____

DEPOSIT REQUIRED _____

OLD BILL: _____ NO _____ YES

If you answered YES, please indicate the

dollar amount owed / paid \$ _____ .

_____ Payment Agreement * **(Form Required)**

SERVICE INSTRUCTIONS

IWM _____ 900 BLK _____ COLLECT BLK _____

3RD BLK _____ INTL BLK _____ CWT _____ CFW _____

SC _____ 3WC _____ RAG _____ CND/CNAM _____

VML _____ (_____ RINGS) SUB MBOX _____

TOLL RESTRICTION _____

BASIC PKG ALL FEATURES _____

LONG DISTANCE CARRIER _____

CIC Code: _____

PIC FREEZE _____

CALLING PLAN _____

EQUIPMENT _____

AVAILABILITY OF SERVICE _____

NO. OF INSTALLMENTS _____

WIRING INSTRUCTIONS _____

SPECIAL INSTRUCTIONS

Security Code: _____

Security Question: _____

Answer: _____

Alternate Phone: _____

ADDITIONAL LINE 674 - _____

ADDITIONAL LINE 674 - _____

Please circle one of the following:

OPT IN – (Market)

OPT OUT – (Don't Market)

Note:

You may continue to receive bill inserts for promotions and information on the services you participate in.

CUSTOMER FOCUSED
GLOBALLY CONNECTED



CHECKLIST:

_____ APPLICATION _____ CPNI _____ OPT IN/OUT _____ COPY OF I.D. _____ BANK DRAFT _____ EBILL _____ CONTRACT _____ LIFELINE