

# RESIDENTIAL SERVICE APPLICATION

SERVICE NAME \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

BILLING NAME \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

**APPLICANT INFORMATION:** (please print)

Name \_\_\_\_\_

SS# \_\_\_\_\_ DL# \_\_\_\_\_

DOB \_\_\_\_\_ Alt Ph: \_\_\_\_\_

Employer \_\_\_\_\_

\_\_\_\_\_  
Name / Address / Yrs of Employment

**APPLICANT SIGNATURE**

**CO-APPLICANT INFORMATION:** (please print)

Name \_\_\_\_\_

SS# \_\_\_\_\_ DL# \_\_\_\_\_

DOB \_\_\_\_\_ Alt Ph: \_\_\_\_\_

Employer \_\_\_\_\_

\_\_\_\_\_  
Name / Address / Yrs of Employment

**CO - APPLICANT SIGNATURE**

**Other Adults Living in Residence:**

Name: \_\_\_\_\_

SSN# \_\_\_\_\_

Name: \_\_\_\_\_

SSN# \_\_\_\_\_

**PREVIOUS PHONE SERVICE:**

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # ( ) \_\_\_\_\_

SERVICE DISCONNECT DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**Racial / Ethnic Group**  
(Fed Gov Purposes ONLY)

White     Black     Hispanic

Asian     American Indian

Handicapped     Elderly

Other Medical Conditions

**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**



**PINNACLE**  
communications

301 Hwy 96 SW Lavaca, AR 72941  
Ph: (479) 674-2211    www.pinncom.com  
REVISED 6-11

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 \_\_\_\_\_

3<sup>RD</sup> BLK \_\_\_\_\_ INTL BLK \_\_\_\_\_ CWT \_\_\_\_\_ CFW \_\_\_\_\_

SC \_\_\_\_\_ 3WC \_\_\_\_\_ RAG \_\_\_\_\_ CND/CNAM \_\_\_\_\_

VML \_\_\_\_\_ ( \_\_\_\_\_ RINGS) SUB MBOX \_\_\_\_\_

TOLL RESTRICTION \_\_\_\_\_ SSC8 \_\_\_\_\_

BASIC PKG ALL FEATURES \_\_\_\_\_

LONG DISTANCE CARRIER \_\_\_\_\_

CIC Code: \_\_\_\_\_

PIC FREEZE \_\_\_\_\_

CALLING PLAN \_\_\_\_\_

EQUIPMENT \_\_\_\_\_

AVAILABILITY OF SERVICE \_\_\_\_\_

NO. OF INSTALLMENTS \_\_\_\_\_

WIRING INSTRUCTIONS \_\_\_\_\_

\_\_\_\_\_

**SPECIAL INSTRUCTIONS**

\_\_\_\_\_

\_\_\_\_\_

**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

**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.

**CHECKLIST:** ANPI \_\_\_\_\_ NeuStar \_\_\_\_\_ CARE \_\_\_\_\_ INTERNET MASTER \_\_\_\_\_ DIRECTORY \_\_\_\_\_

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