

Yukon Waltz Telephone Company

Acct. #: \_\_\_\_\_

Taken By: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION FOR SERVICE**

Applicant Name: \_\_\_\_\_ Co-Applicant Name: \_\_\_\_\_

Service/911 Address: \_\_\_\_\_ Install Date: \_\_\_\_\_

\_\_\_\_\_ Telephone #: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Long Dist. Carrier: \_\_\_\_\_

(If Different) \_\_\_\_\_ Description of Home: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Own: \_\_\_\_\_ Rent: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Landlord: \_\_\_\_\_

Employer: \_\_\_\_\_ Length of Employment: Yrs.: \_\_\_\_\_ Mos.: \_\_\_\_\_

Employer Phone #: \_\_\_\_\_

Have you had service with Yukon-Waltz Telephone Company before? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, when: \_\_\_\_\_ Phone #: \_\_\_\_\_ Service Address: \_\_\_\_\_

**Type of Service:**

- \_\_\_ Residential
- \_\_\_ Business
- \_\_\_ Published
- \_\_\_ Non-Published
- \_\_\_ Non-Listed
- \_\_\_ Block 900/976
- \_\_\_ Block 3<sup>rd</sup> No. Calls
- \_\_\_ Block Collect Calls

**Calling Plans:**

- \_\_\_ After 5 & Wkends
- \_\_\_ Weekday Discount
- \_\_\_ Double Play

Irwin	Jeannette	Scottdale
60 USA	300 USA	Unlimited USA

Number of Outlets: \_\_\_\_\_

Inside Wire Maint.: Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Custom Calling Features:**

- \_\_\_ Call Waiting
- \_\_\_ Automatic Recall \*69
- \_\_\_ Other: \_\_\_\_\_
- \_\_\_ Caller ID
- \_\_\_ Call Forwarding
- \_\_\_ ACR
- \_\_\_ Deluxe Caller ID
- \_\_\_ Voice Mail
- \_\_\_ Speed Dialing
- \_\_\_ Package Plan

**ISSAC Score:** \_\_\_\_\_

Deposit: \$ \_\_\_\_\_ Amt. Paid: \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_ Due By: \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

**Permission to discuss acct. & change services granted to Co-Applicant?** Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Signature for Service**

The undersigned makes application for the service and equipment described above, and for additional services or equipment that may be ordered later, and agrees to pay established rates for such services and equipment. In making this application, the undersigned agrees to comply with the rules and regulations of Yukon Waltz Telephone Company as set forth in its Tariff on file with the Pennsylvania Public Utility Commission, and to any general changes in the rules, regulations, tariffs or rates for services furnished under this application.

\_\_\_\_\_  
Applicant's Signature                      Date                      Co-Applicant's Signature                      Date

# APPLICATION FOR SERVICE

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## CREDIT INFORMATION

Previous Address:

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Previous Telephone #:

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If applicant does not have a prior history of telephone service within the last 24 months, a credit report will be processed. The Applicant hereby gives permission for the release of credit information to the Yukon-Waltz Telephone Company (the "Company"); in the event it is necessary for the Company to obtain a credit report.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

All credit information will be held confidential and will only be used as deemed necessary when considering opening this customer account.

Given the Applicant's credit history, the Applicant is \_\_, is not \_\_ required to make a security deposit in order to establish telephone service. **Note:** If a deposit is required, please see the attached *Deposit Request For New Customers* form.

## THIRD PARTY GUARANTOR

Do you wish to designate a third party as a guarantor? Yes: \_\_\_ No: \_\_\_

If "yes" please have the Third Party Guarantor complete the section below:

I, \_\_\_\_\_ (Guarantor), will be responsible for up to the amount of \$\_\_\_\_\_ for the account in the name of \_\_\_\_\_ (Applicant), if the Applicant fails to meet the terms and conditions of the Company's deposit requirements per Pennsylvania Public Utility Commission ("PUC") §64.37 PA Code.

I understand the extent of my responsibility is the current advance deposit that would have been required by the Applicant per the Company's tariff and PUC §64.37 PA Code.

\_\_\_\_\_  
Guarantor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

# APPLICATION FOR SERVICE

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## REQUEST TO WITHHOLD BNA

At my request, Yukon-Waltz Telephone Company can withhold releasing my name and address to **Long Distance Service Providers**. By doing so, I understand that *third party and collect calls will be blocked from my* service in compliance with Federal Communications Commission requirements.

- Yes** – Billing name and address information on my account **can** be released.
- No** – Billing name and address information on my account **cannot** be released.

\_\_\_\_\_  
**Applicant's Signature      Date      Co-Applicant's Signature      Date**

## AUTHORIZATION FOR NON-PUBLISHED LISTING

By signing below, I authorize Yukon-Waltz Telephone Company (the "Company") to furnish Non-Published service to the undersigned Applicant. I understand that the telephone number **WILL NOT** be made known by the Company under any circumstances, including those of an emergency nature, except to the Company's employees who need this information in performing their duties, and law enforcement agents upon specific request. I also understand that the Company will use its best efforts but will not be liable should the number be unintentionally disclosed.

\_\_\_\_\_  
**Applicant's Signature      Date      Co-Applicant's Signature      Date**

## **APPLICATION FOR SERVICE**

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### **DISCLOSURES**

- **900/976 NUMBER BLOCK:**

I understand by not taking a block on 900/976 telephone number calls, I will be responsible for paying for all 900/976 number calls that originate from my telephone line by me or someone else.

- **CALLER-ID INFORMATION:**

Along with most companies in Pennsylvania, Yukon-Waltz Telephone Company offers Caller-ID service to its customers. This optional service will let a person see the telephone number of the caller on a display unit before answering the telephone. If the party you call has Caller-ID, their display unit will display your telephone number.

- **ABOUT PRIVACY:**

Even if Caller-ID service was not available in our area, people you call who have the service will see your telephone number ***EVEN IF YOUR TELEPHONE NUMBER IS NON-LISTED OR NON-PUBLISHED***. To prevent this, you may wish to block your number. When you block your number, the person you are calling will not see it. Instead, they will see the letter "P" or the word "Private" on their display unit. If the person you are calling has chosen not to accept blocked calls, their telephone will not ring. You will hear a message that the party you are calling does not accept blocked calls. For safety reasons, you can not block your calls to 9-1-1. In addition, calls to 800 and 900/976 services can not be blocked.

- **HOW TO BLOCK YOUR NUMBER:**

You can have your number blocked automatically on all calls made from your telephone line. You may order line blocking from our business office during normal business hours (8:00 a.m. - 4:30 p.m.) at no charge. With line blocking you can un-block your telephone line on individual calls by dialing \*67 (1167 on rotary or pulse dialing telephones).

- **TOLL FREE CALLING AREA NUMBERS**

**The following are toll free for our calling area:**

West Newton—872                      Herminie—446  
Mt Pleasant—542, 547, 696      Youngwood—755, 925  
Greensburg—600, 830,832,834,836,837,838,850 & 853

The undersigned acknowledges that I have read and understand each of the disclosures listed above, as they pertain to me.

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**Applicant's Signature**

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**Date**

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**Co-Applicant's Signature**

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**Date**

**APPLICATION FOR SERVICE  
LONG DISTANCE CARRIERS SELECTION FORM**

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**I take full responsibility to contact the carrier of my choice as well as the responsibility for notifying the carrier or carriers of any changes made to my account.**

Code	Carrier	Carrier Telephone Number			√ LATA (1)		
		Residential	Business	Both	Intra	Inter	Both
√							
0432	QWest Communications	1-800-860-2255	1-800-860-1020				
0288	AT&T	1-800-222-0300	1-800-222-0400				
6963	Verizon Long Distance			1-866-254-8953			
6998	Yukon-Waltz Long Distance.			724-722-3131			
0333	Sprint	1-800-877-4646	1-800-877-4020				
0752	Excel Telecommunications	1-800-875-9235	1-800-209-8133				
0444	Global Crossing			1-800-783-2020			
0071	Broadwing Comm.			1-800-994-9638			
0222	MCI Telecommunications	1-800-950-5555	1-800-888-0800				
0555	Worldcom			1-800-864-4060			

**If the long distance carrier you wish to use is not listed above, please list the carrier along with the carrier Code and a telephone number and check the appropriate boxes below:**

Code	Carrier	Carrier Telephone Number			√ LATA (1)		
		Residential	Business	Both	Intra	Inter	Both

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

**Note:**  
(1) IntraLATA toll applies to calls made within the 724/412/878 area codes while InterLATA toll applies to calls made outside these area codes.

**APPLICATION FOR SERVICE  
PREFERRED CARRIER FREEZE AUTHORIZATION**

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I hereby request and authorize Yukon-Waltz Telephone Company to provide a Preferred Carrier ("PC") freeze on my telephone account on each of the following services as of the date below. I understand that:

- A PC freeze authorizes only me to change my serving carrier.
- I will not be able to change my carrier selections unless I lift the freeze.
- There is no charge to initiate and terminate this service, however, there will be a charge to change carriers.

I \_\_\_ **wish** \_\_\_ **do not wish** to place a PC freeze on toll service for each of the telephone numbers listed below:

\_\_\_\_\_ IntraLATA Toll Service (within 724 & 412 area codes)

\_\_\_\_\_ InterLATA Toll Service (outside 724 & 412 area codes)

\_\_\_\_\_ International Toll Service

Telephone Numbers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-Applicant's Signature**

\_\_\_\_\_  
**Date**

**Note:** This form must be signed by the person responsible for the Yukon-Waltz Telephone Company account.

**APPLICATION FOR SERVICE  
DEPOSIT REQUEST FOR NEW CUSTOMERS**

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A verification of the information that you provided when applying for telephone service indicates that you do not meet the credit requirements as outlined in the Credit and Deposit Standards Policy by the Pennsylvania Public Utility Commission. Therefore, a security deposit will be required in order to establish your service based on the following information:

- 1) Payment History
- 2) Ownership of Property/Lease Agreement
- 3) Credit Information

	<u>Local</u>	<u>Toll</u>	<u>Non-Basic</u>	<u>Total</u>
Deposit Amount Due	\$ _____	\$ _____	\$ _____	\$ _____
Amount Paid	\$ _____			
Balance Due of	\$ _____	Due By	_____	

I understand that failure to make the second deposit payment by the due date will result in the **Suspension of Service without further notification**. I also understand that if service is suspended, a reconnect fee of \$\_\_\_\_\_ will be required before service will be restored.

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<b>Applicant's Signature</b>	<b>Date</b>	<b>Co-Applicant's Signature</b>	<b>Date</b>
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**DEPOSIT REFUND POLICY**

After a customer has paid bills for 12 consecutive months without having service suspended or terminated and without having paid bills after the due date on more than 2 occasions, the deposit shall be refunded with accrued interest, so long as the customer is not currently delinquent.

**APPLICATION FOR SERVICE  
LINK-UP/LIFELINE CERTIFICATION FORM**

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Date \_\_\_\_\_ Telephone # \_\_\_\_\_

Customer Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Is Applicant interested in determining whether he or she is eligible to apply for Link-up/Lifeline assistance?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, the Customer Service Representative is to verify customer eligibility as follows:

1. Call DPW at (717) 783-8706.
2. Enter user ID and password
3. Voice response checks security.
4. Enter social security # of customer.
5. If recording says customer is active or lifeline certified, this means that the customer is both lifeline and link-up America certified.
6. If recording states that customer was not active, or not found and customer believes that they are eligible, determine whether the customer can show proof that he or she is eligible for Link-up/Lifeline assistance, and inform the customer that we will look into the matter further and get back to them with the outcome at a later date.
7. Note whether the customer is:
  - Link-up active \_\_\_\_\_ not active \_\_\_\_\_
  - Lifeline active \_\_\_\_\_ not active \_\_\_\_\_
  - To be determined at a later date \_\_\_\_\_