

**NEW SERVICE APPLICATION**  
**PLEASE PRINT**

DATE: \_\_\_\_\_



**ACCOUNT INFORMATION**

Applicant's Name: \_\_\_\_\_ Extra Listing (Additional \$1.00 per month): \_\_\_\_\_  
Contact Number: \_\_\_\_\_ Contact Email: \_\_\_\_\_  
Residential Listing: \_\_\_\_\_  
Business Listing: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_  
Directory (Telephone Book) Listing: \_\_\_\_\_  
Billing/Mailing Address: \_\_\_\_\_  
Physical Address & Driving Directions: \_\_\_\_\_  
911 ADDRESS: \_\_\_\_\_  
(MAY BE OBTAINED BY CALLING: DELAWARE COUNTY E-911 OFFICE AT 918- 253-9111 or MAYES COUNTY E-911 OFFICE AT 918-824-1875)

**PREVIOUS SERVICE INFORMATION**

Grand Telephone Company?	YES	NO	Name(s) on account: _____
OMNI III Cable T.V., Inc.?	YES	NO	Name(s) on account: _____
Grand Lake Telecommunications?	YES	NO	Name(s) on account: _____

**If "YES", please list any information concerning any service you may have had within the last year.**

Company: \_\_\_\_\_ Town/City: \_\_\_\_\_  
Listing: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Length of Service: \_\_\_\_\_ Disconnect Date: \_\_\_\_\_

**APPLICANT INFORMATION**

Applicant's Maiden Name (If Applicable): \_\_\_\_\_ Applicants Marital Status: M S D SEP W  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Years: \_\_\_\_\_  
DL # or Last 4 Digits of SSN: \_\_\_\_\_ Over 18?: YES NO  
Spouse's Name (If Applicable): \_\_\_\_\_ Spouse's Maiden Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Years: \_\_\_\_\_  
DL # or Last 4 Digits of SSN: \_\_\_\_\_ Over 18?: YES NO

**CPNI INFORMATION**

CPNI: Please list any person(s) that may have access to your account information: \_\_\_\_\_  
CPNI Password: \_\_\_\_\_  
CPNI Verification Questions if CPNI Password is Forgotten (Pick two of the following):  
Q: Favorite Color: \_\_\_\_\_ Q: Name of Childhood Friend: \_\_\_\_\_  
Q: Pet's Name: \_\_\_\_\_ Q: Name of Favorite Teacher: \_\_\_\_\_

**CHECK THE BOX FOR EACH COMPANY YOU ARE APPLYING FOR SERVICE:**

Grand Telephone Company, Inc.  
 GTC, Inc.  
 OMNI III Cable T.V., Inc.  
 Grand Lake Telecommunications

Local Telephone Service  
 Long Distance Service  
 Video Service  
 High Speed Internet Service

**LIFELINE QUALIFIED?**

YES  NO

**LIFELINE CERTIFICATION RECEIVED?**

YES  NO

**WOULD YOU LIKE DIRECT PAYMENT ON YOUR ACCOUNT(S)?**

Grand Telephone Company, Inc.	Local Telephone Service	YES	NO
OMNI III Cable T.V., Inc.	Video Service	YES	NO
Grand Lake Telecommunications	High Speed Internet Service	YES	NO

Bank \_\_\_\_\_ Name on Account \_\_\_\_\_

Please provide a voided blank check and signature for each service on Direct Payment.

**OFFICE USE ONLY:**

TAKEN BY: \_\_\_\_\_

DATE PAID: \_\_\_\_\_  CHECK  CASH  CREDIT CARD

GRAND	GLT	OMNI
Acct# _____	Acct# _____	Acct# _____

WRITE OFF AMOUNT:	_____	_____	_____
FIRST MONTHS RATE:	_____	_____	_____
MODEM / ROUTER:	_____	_____	_____
DEPOSIT:	_____	_____	_____
INSTALLATION FEE:	_____	_____	_____
TOTAL PAID:	_____	_____	_____

**NOTES:** \_\_\_\_\_  
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