

NEW SERVICE APPLICATION

PLEASE PRINT

DATE: _____



ACCOUNT INFORMATION

Applicant's Name: _____ Extra Listing (Additional \$1.00 per month): _____

Contact Numbers: _____

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:

- | | | |
|--------------------------|-------------------------------|-----------------------------|
| <input type="checkbox"/> | Grand Telephone Company, Inc. | Local Telephone Service |
| <input type="checkbox"/> | GTC, Inc. | Long Distance Service |
| <input type="checkbox"/> | OMNI III Cable T.V., Inc. | Video Service |
| <input type="checkbox"/> | Grand Lake Telecommunications | 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 <input type="checkbox"/> NO <input type="checkbox"/> |
| OMNI III Cable T.V., Inc. | Video Service | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Grand Lake Telecommunications | High Speed Internet Service | YES <input type="checkbox"/> NO <input type="checkbox"/> |

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

| | | |
|-------------|-------------|-------------|
| GRAND | GLT | OMNI |
| Acct# _____ | Acct# _____ | Acct# _____ |

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

NOTES: _____

OMNI III CABLE T.V., INC.

ACCOUNT NUMBER: _____

Cable T.V. Options:

| | | |
|---|--------------------------|----------|
| Basic Cable (Including Local Channels) | | \$26.50 |
| Add Premium Channel – HBO | <input type="checkbox"/> | +\$18.00 |
| Add Premium Channel – CINEMAX | <input type="checkbox"/> | +\$18.00 |
| Add Premium Channel – SHOWTIME | <input type="checkbox"/> | +\$18.00 |
| Add Premium Channels – HBO & CINEMAX | <input type="checkbox"/> | +\$30.00 |
| Add Premium Channels – HBO, CINEMAX, & SHOWTIME | <input type="checkbox"/> | +\$48.00 |

Additional Outlets are \$2.50 per month in addition to monthly rate.

Do you need additional outs? YES NO How many? _____

Applicant Over 62? (Free Installation): YES NO

Secondary Responsible Party Over 62? (Free Installation): YES NO

In making this application the undersigned agrees to the rules and regulations of OMNI III Cable T.V., Inc. and to any general changes in the rules, regulations, tariffs or rates for the service furnished under this application. This application becomes a contract when accepted in writing by OMNI III Cable T.V., Inc.

APPLICANT SIGNATURE (FINANCIALLY RESPONSIBLE PARTY CAN MAKE CHANGES TO THE ACCOUNT)

DATE

SECONDARY RESPONSIBLE PARTY (FINANCIALLY RESPONSIBLE PARTY CAN MAKE CHANGES TO THE ACCOUNT)

DATE