



Where hometown meets world class

APPLICATION FOR RESIDENTIAL CHANGE OF LISTING, MEMBERSHIP AND SERVICE.

CURRENT SUBSCRIBER

Telephone Number _____

Name _____ Date of Birth _____

911 Address _____

Billing Address _____

Signature of Current Subscriber _____ Date _____

Witness _____ Witness _____

NEW SUBSCRIBER

Name _____ Date of Birth _____

Spouse _____ Date of Birth _____

911 Address _____

Billing Address _____

Social Security Number _____ Spouse's Social Security Number _____

Driver's License Number _____ Spouse's License Number _____

Credit: Your credit may be checked with the credit bureau. If credit is unacceptable you may be required to pay a deposit or one month in advance.

New Applicants please enclose \$10 for membership.

The undersigned (hereafter called the Applicant) hereby applies for membership and agrees to take telephone service from a corporation organized under the laws of the State of Tennessee, under the name of Highland Telephone Cooperative, Inc. The Applicant will grant to the Cooperative a right-of-easement to construct, operate, and maintain a telephone line on the property where the Applicant receives telephone service. The Applicant, by becoming a member, assumes no personal responsibility for any debts or liabilities of the Cooperrative and is expressly understood his private property is exempt from the execution for any such debts or liabilities. The Applicant hereby agrees that in the event of default in the payment of any amount due, and if this account is placed in the hands of an agency or attorney for collection of legal action, to pay and additional charge equal to the cost of collection including agency and attorney fees and court costs incurred and permitted by laws governing these transactions. Please Note: A change of listing changes the responsibility of paying the phone bill only. The two parties must settle any fractional bills between themselves.

Signature of New Subscriber _____ Date _____

Witness _____ Witness _____

This institute is an equal opportunity provider and employer.