



Bristol Bay Telephone
Cooperative Inc.

Application for Telephone Service

Contact us: bbtccsr@bristolbay.com

P.O. Box 259 - King Salmon, AK 99613 - 907-246-5463 - 800-478-4188 (Alaska Only) - 907-246-1135

Personal/ Business Information

Name: _____ Social Security Number: _____ - _____ - _____

Billing
Address: _____ City _____ State _____ ZIP _____

Contact Number: _____ Email Address: _____

Driver's License Number: _____ Issuing State: _____

Employer Information

Name Of Employer: _____

Address of Employer: _____

Payment information

*****NOTE if you are returning this application via email or fax do not complete card information below we will contact you at:(_____)_____ - _____**

Credit Card Number: _____ - _____ - _____ - _____ Expiration: _____

Name on Card: _____

Please Initial if you would like to use the card listed above for monthly Autopay: _____

Service Location Information

TNI number (located on the gray/beige box on the outside of the building): _____

Town: _____

Exact Location (description): _____

Name of Previous Resident: _____

Local Exchange Telephone Service

Residential- \$21.78/ month (First time connection fee \$37.50) ____

Business- \$34.20/ month (First time connection fee \$39.50) ____

Number of lines ____

Long Distance Carrier

Excel Telecommunications (246 only): 1-800-875-9235 ext. 0 -----

AT&T: 1-800-252-7266 -----

GCI: 1-800-800-4800 -----

No Long Distance Carrier (Calling Card Only; No Direct dialing) -----

Custom Calling Features

Basic Package: \$6.25/mo. Caller ID, Call Waiting, and Enhanced Call Waiting (Residential Customers Only)--

Lifestyle Package: \$10.25/mo. 11 Helpful calling features (contact our office for information) -----

Executive Package: \$15.25/mo. All 22 features (Plus free voicemail, 246 only) -----

**Other calling features are available separately, please contact our office for more information.*

Directory Services

Free Residential Listing (Listed as): _____

Free Business Listing (Listed as): _____

Free Yellow Page Listing (Category): _____

Each Additional listing \$1.00/mo. (Listed as): _____

Unlisted (not listed in Directory) \$1.00/ mo. -----

Unpublished (not listed in Directory or Directory Assistance) \$1.00/ mo. -----

Caller Id Display

Name delivery (15 Characters Max): _____

Caller ID Blocking Name:

Caller ID Blocking Name & Number:

Bristol Bay Telephone Cooperative, Inc.

Terms and Conditions

The undersigned ("applicant") hereby applies for membership in Bristol Bay Telephone Cooperative, Inc., (Cooperative), and the Applicant and Cooperative agree as follows:

1. Applicant will pay to the Cooperative the sum of \$10.00 which, if the Cooperative accepts this application, will constitute Applicant's membership fee. Upon acceptance of this application, a certificate of membership will be issued to Applicant; it being understood that membership is not transferable no is membership fee applicable toward payment of any bill. Both husband and wife must sign applications for joint membership. Membership is offered only to entities that receive local exchange telephone service from Bristol Bay Telephone Cooperative, Inc.
2. Applicant, by paying membership fee and becoming a member, assumes no personal liability or responsibility for any debts or liabilities of the Cooperative and it is expressly understood that under the law his/her private property cannot be attached for any such debts of liabilities.
3. Applicant also agrees to deposit with the Cooperative such consumer's deposit as is required by the Rules and Regulations of the Cooperative. The Cooperative will not retain Applicant's deposit longer than two years providing that in the interim period, the Cooperative has not been forced to disconnect Applicant's service for reasons of delinquency in payment of charges, and that Applicant has not been delinquent in payment more than once in any 12 consecutive months. Any portion of said deposit not applied to the payment of bills due to the Cooperative or returned to Applicant earlier, shall be refunded to Applicant within sixty (60) days of termination of service. In lieu of the deposit, Applicant may provide the Cooperative with a satisfactory Letter of Credit from the utility that previously provided the telephone service.
4. Subject to the terms and conditions of the Cooperative's tariffs, Applicant will purchase from the Cooperative telecommunications services used on his/her premises and supplied by the Cooperative, which at a minimum shall be residential or business single line service and may also include enhanced services and/or equipment rental as requested by Applicant. Applicant agrees that he/she will pay for such service (and equipment, if applicable) at the rates and charges fixed by the Board of Directors of the Cooperative in accordance with the lawful orders and directives of the Federal Communications Commission and the Regulatory Commission of Alaska. Applicant will pay a minimum monthly amount as set forth in the Cooperative's current tariff. Long Distance toll service is not included in the basic monthly residential or business line service, and will be billed separately by the Applicants long distance carrier. Telephone equipment is not included in the basic monthly service charge, and therefore equipment charges (if applicable) will be added to the monthly amount. Bills shall be payable immediately upon receipt and past due if not paid by the 25th day of the billing month or after any payment date previously established by agreement between Applicant and the Cooperative. If the bill is not paid when past due, the Cooperative will apply a late payment charge not to exceed zero point eight seven percent (0.87%) each month on the unpaid balance. When the bill becomes past due, the Cooperative may start procedures for disconnection for non-payment. The procedure will include a written ten (10) day notice of disconnection of service, stating the date and time payment must be received int the Cooperative's business office. If the subscriber does not pay the balance of the bill owing, plus any applicable late charges, or make arrangements with the Cooperative to make payments, service will be disconnected. Delinquent amounts may be charged to Applicant's Credit card. Applicable Service Connection Charges, as set forth in Rate Schedule of the current tariff, will apply to each re-connection of service on paid delinquent accounts.
5. Applicant will comply with and be bound by the provisions of the Articles of Incorporation and By-Laws of the Cooperative, and such rules and regulations as may, from time to time, be adopted by the Cooperative.
6. Applicant, if a landowner, hereby agrees to grant to the Cooperative the right and easement to construct, operate, repair and maintain on his/her premises and in or upon all streets, roads, or highways abutting said premises, its telecommunications system.
7. The Applicant, if a landowner, agrees that all poles, wires, and other facilities, including any equipment, installed on premises at Cooperative expense, shall remain the property of the Cooperative, removable at the option of the Cooperative upon termination of service to or on said premises.
8. The acceptance of this application by the Cooperative shall constitute an agreement between Applicant and the Cooperative and the contract for telecommunications service shall continue in force month by month from the date service is made available by the Cooperative to Applicant and thereafter until canceled by at least two (2) days notice by Applicant.

I herby certify that the information I have provided is complete and correct. I will be responsible for payment of this account. BBTC has my permission to obtain credit information from the credit bureau and the listed references. I understand that my account is past due 25 days after the monthly statement is mailed by BBTC. Past due bills will be charged interest at the rate of .87% per month. Past due amounts may be charged to my credit card on file. If I have not supplied credit card information and have not made other arrangements for payment service may be disconnected. I understand that a \$10.00 membership fee plus the first time charge is required for service to begin. A separate deposit may be required. I understand and agree to all Terms and Conditions of Membership of Bristol Bay Telephone Cooperative, Inc. apply to this account.

Customer Signature: _____ **Date** _____

Spouse Signature (If Joint Membership): _____ **Date** _____

BRISTOL BAY TELEPHONE COOPERATIVE, INC.
BRISTOL BAY CELLULAR PARTNERSHIP
Customer Proprietary Network Information Form

Per FCC rules regarding Customer Proprietary Network Information (CPNI), this form needs to be completed and returned to our office.

We are only able to discuss account information with the person(s) listed on the account or proven power of attorney. As mandated by the FCC, these rules are for the protection of your privacy as they ensure that no one other than the authorized person is receiving account information and making account changes.

Account Information

Contact Information

Name on Account

Phone Number

Account Number or Account Phone Number

Email Address

Account Password

Due to the CPNI FCC rules, if you request call detail information you must supply your password before the information can be disclosed. If you do not remember your password, one of the following will be required:

1. A BBTC/BBCP representative will call your back at the telephone number of record.
2. A BBTC/BBCP representative will mail you the requested call detail information to the address of record.
3. You, the authorized account customer, must come to our business office and show your valid photo ID.

Please create a password below:

Password

A security question will be asked by our representatives for account verification when contacting us for account information. Please choose one.

- | | | | |
|--------------------------|------------------------------|---|-----------------------|
| Security Question | _____ Favorite Vacation City | - | _____ Pet's Name |
| | _____ Favorite Color | - | _____ Favorite Fruit |
| | _____ Make of First Auto | - | _____ Favorite Author |

Answer

Authorized Account Contacts

I would like the following people to have authorization to inquire or make changes on the account. If you do not want to add additional names, please leave this section blank.

Signature: _____

Date: _____

Please Return Completed Form To:

Bristol Bay Telephone Cooperative, Inc. | P.O. BOX 259, King Salmon AK 99613
Office: 907.246.3403 | Toll Free: In State 800.478.9100 or Out of State 800.478.6399 | Fax: 907.246.1115
Email: bbtccsr@bristolbay.com | Website: www.bristolbay.com