



INDUSTRY TELEPHONE COMPANY
P.O. Box 40, Industry, Texas 78944
Tel: (979) 357-4411, (888) 212-8872
Fax: (979) 357-2323

APPLICATION FOR SERVICE

Name: _____
 Billing Address: _____

 City, State & Zip: _____
Location & Description of Property
 Landowner _____
 911 Address _____
 County: _____ School Dist: _____
 In/Out City Limits _____ City _____
 Electric Service _____ Water District _____
 Name of closest neighbor _____
 Are there locked gates to this property? Yes No
If yes, please provide combination or key. _____
 Easement on file? Yes No
 Name of previous Owner/Occupant: _____

 Is this a house, manufactured home or other? _____
 Is it wired for telephone service? Yes No
 If not, do you want us to wire? Yes No
NOTE: if we do the wiring, there will be a \$65.00 per hour labor fee plus materials and tax. If the customer does the wiring they are responsible for getting the connecting wires to the NID.

Type of service requested: Residential Business
 Do you need a detached extension? Yes No
 Would you like your number(s) published in the Directory?
 Yes No (If no, there is a \$1.50 per month fee)
 List in Directory As: _____
 Directory Address: _____
 (Choose Billing or Physical Address)

Custom Calling Features	Monthly
<input type="checkbox"/> Call Waiting / Call Waiting Disable	\$1.25
<input type="checkbox"/> Call Forwarding	\$1.00
<input type="checkbox"/> Three Way Calling	\$1.25
<input type="checkbox"/> Speed Dialing 8#	\$1.00
<input type="checkbox"/> Caller ID Number Delivery Only	\$4.00
<input type="checkbox"/> Caller ID Name & Number Delivery	\$6.50
Build your own package with I-Choose * see additional features	
<input type="checkbox"/> I-Choose 3	\$6.75
<input type="checkbox"/> I-Choose 5	\$10.50
<input type="checkbox"/> I-Choose All	\$13.25
Voicemail	
<input type="checkbox"/> Basic	\$3.95
<input type="checkbox"/> Advanced	\$6.95

Bundle Packages			
<input type="checkbox"/> All-In 6 Package 1	\$109.95	<input type="checkbox"/> All-In Package 3	\$189.95
<input type="checkbox"/> All-In 10 Package 2	\$129.95	<input type="checkbox"/> All-In Package 4	\$209.95

DSL - \$99 one time installation fee			Monthly
<input type="checkbox"/> Basic	3.0 Mbps		\$39.95
<input type="checkbox"/> Premium	6.0 Mbps		\$54.95
<input type="checkbox"/> Turbo	10.0 Mbps		\$69.95
<input type="checkbox"/> Enhanced	15.0 Mbps		\$84.95
<input type="checkbox"/> Extreme	20.0 Mbps		\$99.95
Modem			
<input type="checkbox"/> Standard	<input type="checkbox"/> 4-Port	<input type="checkbox"/> Wireless*	
* \$45 one time fee			

iVision - \$99 one time installation fee			Monthly
<input type="checkbox"/> Local Plus			\$24.95
<input type="checkbox"/> Basic			\$69.95
<input type="checkbox"/> *Entertainment Package			\$12.95
<input type="checkbox"/> *DVR			\$9.95

Primary Contact Information

First Telephone Contact: _____ Number: _____
 Second Telephone Contact: _____ Number: _____
 Email address: _____
Nearest Relative not residing in your household for your personal reference
 Name _____ Relation _____
 Address _____ Phone # _____

Password _____ *Must be 8 characters in length with a combination of letters & numbers*

Security Questions

Authorized Users _____

Favorite Color _____

Favorite Pet's Name _____

Favorite Hobby _____

Credit Information

Most Recent Telephone Service Billed In Your Name or Shared With Spouse or Former Spouse

Name Service Was In _____ Telephone # _____

Telephone Co. Name _____ Telephone Co. # _____

Date Service Disconnected: _____

FOR BUSINESS APPLICANTS, PLEASE COMPLETE THE FOLLOWING:

Form of Business: Sole Ownership Partnership Corporation

Company Officer(s) Name(s): _____ Title(s): _____

Type of Business: _____ Year Established _____

Contact Name: _____ Contact Telephone # _____

Information About Yourself

Name _____

Social Security # _____ Date of Birth _____ Employer Name _____

Drivers License # _____ State _____ Employer Address _____

Please provide copy of Driver's License Employer Telephone # _____

Information About Individual You Will Be Sharing This Service With

Name _____

Social Security # _____ Date of Birth _____ Employer Name _____

Drivers License # _____ State _____ Employer Address _____

Please provide copy of Driver's License Employer Telephone # _____

Please initial the following statements

I have received Industry's terms and conditions for service.

_____ I have received information regarding my customer rights.

_____ I have received information about Industry's lowest-priced alternatives, including the availability of Lifeline service.

_____ I authorize Industry to disconnect any current telecommunications provider from my property in order to connect Industry's service.

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

Below for Office Use Only:

Monthly Recurring Charges		Installation Charges	
Local Service	_____	Service Order	\$20.00
FCC Charge - Res/Bus Single Line	_____	Central Office	\$10.00
FCC Charge - Multiline Business	_____	Line Connection	\$20.00
Non-Published or Unlisted #	_____	Premise Visit	\$35.00
Extra Directory Listings (each)	_____	Total Due:	_____
911 Fee	_____	Date Paid	_____
		CSR Initials:	_____
Check One: <input type="checkbox"/> Cash <input type="checkbox"/> MO <input type="checkbox"/> CC <input type="checkbox"/>		Telephone Number	_____