

Sunbright, TN 37872 (423) 628-2121

Residential Application for Membership and Telephone Service

Applicant Name:	Date of Birth:
Spouse/Co-Applicant Name:	Date of Birth:
911 Address:	
Mailing Address:	
Primary Social Security:	Secondary Social Security:
Primary E-Mail Address:	
Contact Number Where You May Be Reached:	
Have you had service with us before? Yes No	
If yes, what was the number?	
Has present location ever had service with us before	? Yes No
Please select which type of bill you wish to receive.	Summary (1 pg.) Detailed (Multiple pgs.)
installation fee. You may be notified by letter of this amount. The	edit is unacceptable, you may be required to pay an advanced deposit and deposit may vary between \$50 to \$100 depending on previous bills with us. nth's bill. The deposit will be held for 12 months and will be refunded on your
TN Customers Only: Do you reside in the City Li	mits? Yes No
KY Customers Only: What fire district do you liv	re in?
3-1 North McCreary3-2 Central M	cCreary 3-3 South McCreary
3-4 Eagle Sawyer3-5 West McC	reary 3-6 McCreary County East
All applicants please enclose \$10 for member charges on your first billing statement less a	
The undersigned (hereafter called "the Applicant") hereby applie organized under the laws of the State of Tennessee, under the Cooperative a right of easement to conduct, operate, and mainta service. The applicant, by becoming a member, assumes no pe	s for membership and agrees to take telephone service from a corporation name of Highland Telephone Cooperative, Inc. The applicant will grant the in a telephone line on the property where the Applicant receives telephone rsonal responsibility for any debts or liabilities of the Cooperative, and is scution for any such debts or liabilities. The Applicant hereby agrees that in

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 the account is placed in the hands of an agency or attorney for collection of legal action, to pay an additional charge equal to the cost of collection including agency and attorney fees and court costs incurred and permitted by laws governing these transactions.

Date: _____ Applicant's Signature: _____

This institution is an equal opportunity provider and employer.