



Application for Business Change of Listing, Membership and Service

Current Customer **Billing Telephone Number** _____

Business Name _____

911 Address _____

Billing Address _____
City State Zip

New Customer

Business Name _____

911 Address _____

Billing Address _____
City State Zip

Type of Business:

Sole Proprietorship_____ Partnership_____ Corporation_____ LLC_____

List Owners, Partners and Principal Officers as applies to your type of business:

Name	Address	Contact Phone Number	Social Security Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Your credit may be checked with the credit bureau. If credit is unacceptable, you may be required to pay an advanced payment or deposit. You may be notified by letter of this amount.

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 Cooperative, 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 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.

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. For example: long distance calls not billed, any past due balances, membership and capital credits amounts, etc.

Please check the above for accuracy.

Signature of New Customer _____ Date

Witness _____ Witness _____