



Progressive Rural
Telephone Co-Op., Inc.

PO Box 98
Rentz, GA 31075
478.984.4201
478.984.4205 fax
prtc@progressivetel.com

Doc Vault	Application License Lifeline	SO #	
		Memb #	
NLL?		Cust #	
	Blue-shaded areas completed by PRTC	Acct #	

Today's Date _____ / _____ / _____

A P P L I C A N T	Name	
	Mailing Address	
	City/State/Zip	County
	911 Address	Birthdate ____ / ____ / ____
S P O U S E	Social Security Number _____	Cell #
	Email Address: _____	
	Place of Employment	Employer Phone #
S P O U S E	Spouse's Name	Cell #
	Spouse's SS # _____	Birthdate ____ / ____ / ____
	Email Address: _____	
	Spouse's Place of Employment	Employer Phone #
M I S C E L L A N E O U S	Joint Account Yes ____ or No ____	
	Service will be in a: _____ House _____ What color is it? _____ _____ Doublewide _____ Is location on a: Slab _____ Crawl Space _____ _____ Singlewide _____ If we have to plow a drop, do you want to be called prior? _____ _____ Other: _____	
	Cell Number: _____ Do we have permission to text you _____	
	Email Address: _____	
	Preferred method of contact: Landline ____ Cell (call) ____ Cell (text) ____ Email ____ Work ____	
	Do you receive any of the following (must be in the applicant's name, or spouse's name if membership is joint) _____ Social Sec disability _____ Medicaid Do you or does anyone in your household have a government _____ Food Stamps _____ AFDC issued cell phone? () Yes () No	
	Current documents required for proof.	
	Other Information	
	If another PRTC customer will be responsible for this bill, they need to sign below. If the bill isn't paid, it will be transferred to their line. Phone Number: _____ Signature: _____	
*Customer is responsible for any fees involved in collections (certified letters, court fees, etc.). In addition, the customer approved for use in any of the above information to be used in the collection process, which includes verifying with banking institutions of active service for garnishment purposes. Should I terminate service, I am responsible for returning all PRTC owned equipment. I understand that there is a \$60 Reconnect Fee should service(s) be disconnected for non-pay. Signature indicates your approval.		

PRTC #:

Signature:

L A N D L I N E	<div style="text-align: right; font-weight: bold;">Features</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Wire Maintenance (Install ___ AP's) <input type="checkbox"/> Hot to Side <input type="checkbox"/> Lease Phone (___Wall; ___Desk) <input type="checkbox"/> Non-Pub; ___Private <input type="checkbox"/> TBE: Collect / 3rd # / Both <input type="checkbox"/> Class Services Discount <input type="checkbox"/> Lifeline Credit (USC EXEMPT!!!) <input type="checkbox"/> Carrier _____ <input type="checkbox"/> International? _____ <input type="checkbox"/> PIC Freeze? _____ </div> <div style="width: 30%;"> <input type="checkbox"/> Anonymous Call Rejection <input type="checkbox"/> Call Forwarding <input type="checkbox"/> Call Forwarding-Busy <input type="checkbox"/> Call Return <input type="checkbox"/> Call Reminder <input type="checkbox"/> Call Waiting <input type="checkbox"/> Caller ID <input type="checkbox"/> Caller ID w/Call Waiting <input type="checkbox"/> Distinctive Ringing <input type="checkbox"/> Home Intercom </div> <div style="width: 30%;"> <input type="checkbox"/> Last Caller ID Erasure <input type="checkbox"/> Repeat Dialing <input type="checkbox"/> Selective Call Rejection <input type="checkbox"/> Speed Dialing <input type="checkbox"/> Teen Service <input type="checkbox"/> Three-Way Calling <input type="checkbox"/> Toll Block <input type="checkbox"/> Toll Control w/pin _____ <input type="checkbox"/> Voice Mail </div> </div>			
	List in directory as : _____			
	T V	<input type="checkbox"/> SkitterTV Pkg Select _____ Prime _____ Total _____		
		<input type="checkbox"/> How many Cable Boxes _____		
		<input type="checkbox"/> DVR Remote Storage _____		
		<input type="checkbox"/> On-Screen Caller ID _____		
		<input type="checkbox"/> If two-story - how many cable boxes needed upstairs? _____		
	NO TV Promo _____			
	I N T E R N E T	UNLIMITED Fiber Optic Internet		Username (8-16 characters-no capital letters) _____
		Down/Up Speed <input type="checkbox"/> 25/25M <input type="checkbox"/> 50/50M <input type="checkbox"/> 75/75M <input type="checkbox"/> 100/100M	Maintenance Yes___ No___	Password: (8-16; must have ONE number) _____
Router <input type="checkbox"/> Lease <input type="checkbox"/> Will use own		Surge Protector <input type="checkbox"/> Lease <input type="checkbox"/> Purchase <input type="checkbox"/> Will use own	Wifi Security Key (must be 8-16 characters) _____	
Do you want a Progressivetel Email? Yes___ No___				
Do you want? Paper bill ___ E-Bill ___ Both ___				
Email bill to: _____				
F E E S	Local Service \$ _____	Installation \$ _____	<input type="checkbox"/> Cash	
	Estimated Tolls \$ _____		<input type="checkbox"/> Check #	
		Deposit \$ _____	<input type="checkbox"/> Credit Card	
	Deposit \$ _____	Membership _____	<input type="checkbox"/> Bill	
		Other _____		
		Total Due \$ _____		
P L A N T	Adtran Fiber			
	Splitter Name _____			
	Splitter# _____			
	IP _____			
	Slot/PON/POS _____			
	Fiber # _____			