



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

Doc Vault	<input type="checkbox"/> Application	Memb #	
	<input type="checkbox"/> License		
	<input type="checkbox"/> Lifeline	SO #	
NLL?		Cust #	
Zmb	Only if using PRTC em	Acct #	

Today's Date / /

A	Name (Last) _____ (First) _____ (MI) _____
P	If published, list in the phone book as: _____
P	Mailing Address _____ City/State/Zip _____
L	911 Address _____ County _____
I	Email Address _____ Cell # _____
C	Social Security Number _____ Birthdate ____/____/____
A	Employer _____ Employer Phone # _____
N	Spouse's Name _____ Spouse's Cell # _____
T	Spouse's Email Address _____
S	Spouse's SS # _____ Birthdate ____/____/____
P	Spouse's Employer _____ Employer Phone # _____
O	Estimate Monthly Long Distance: \$15 __, \$30 __, \$50 __, \$100, Other \$ _____
U	Location is: _____ 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: _____
S	Paper Bill / E-bill / Both? _____ Do you want a PRTC email addr? _____ Joint Account? Yes OR No
E	Use which email address for e-bill? _____ Applicant OR _____ Spouse
	If we need to contact you about your account, what number should we use? _____
	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 someone other than applicant will be responsible for this bill, sign here. If the bill isn't paid, it will be transferred to your line. Phone Number: _____ Signature: _____
	<i>*I understand: 1) I am responsible for returning all equipment installed by PRTC to avoid being charged; 2) If service is suspended for non-pay, a reconnect fee is required to restore (amount of the reconnect fee is based on what services are being restored). Your signature on this application indicates your approval; 3) I am responsible for any fees involved in collections (postage, court fees, etc.); 4) I approve that any of the above information can be used in the collection process, which includes verifying with banking institutions of active service for garnishment purposes; 5) Social Security number and Date of Birth will be used to run a soft credit check--this will not affect my credit score.</i>
	<i>*If applying for Broadband Internet service, I am aware that I can see the different packages (Broadband Consumer Labels) by either: 1) visiting www.progressivetel.com, 2) having a CSR email the packages to me, 3) request that paper copies be supplied to me either in person or via mail, or 4) have them read aloud word-for-word in their entirety.</i>
Agreement # _____	
Signature: _____	

L A N D L I N E	Features		
	<input type="checkbox"/> Wire Maintenance (Install ___ AP's)	<input type="checkbox"/> Anonymous Call Rejection	<input type="checkbox"/> Last Caller ID Erasure
	<input type="checkbox"/> Hot to Side	<input type="checkbox"/> Call Forwarding	<input type="checkbox"/> Repeat Dialing
	<input type="checkbox"/> Lease Phone (___ Wall; ___ Desk)	<input type="checkbox"/> Call Forwarding-Busy	<input type="checkbox"/> Selective Call Rejection
	<input type="checkbox"/> Non-Pub; ___ Private	<input type="checkbox"/> Call Return	<input type="checkbox"/> Speed Dialing
	<input type="checkbox"/> TBE: Collect / 3rd # / Both	<input type="checkbox"/> Call Reminder	<input type="checkbox"/> Teen Service
	<input type="checkbox"/> Class Services Discount	<input type="checkbox"/> Call Waiting	<input type="checkbox"/> Three-Way Calling
	<input type="checkbox"/> Lifeline Credit (USC EXEMPT!!!)	<input type="checkbox"/> Caller ID	<input type="checkbox"/> Toll Block
	<input type="checkbox"/> Carrier _____	<input type="checkbox"/> Caller ID w/Call Waiting	<input type="checkbox"/> Toll Control w/pin _____
	<input type="checkbox"/> International? _____	<input type="checkbox"/> Distinctive Ringing	<input type="checkbox"/> Voice Mail
<input type="checkbox"/> PIC Freeze? _____	<input type="checkbox"/> Home Intercom		

V O I P	Voice over IP	
	<input type="checkbox"/> Customer will use one of PCCS's numbers: _____	
	<input type="checkbox"/> Customer will port over existing phone number(s): _____ (PCCS will need the last billing statement from the existing number(s))	
	<input type="checkbox"/> Non-Pub ___ Publish, list as: _____	
	<input type="checkbox"/> Customer will: ___ use Voice Mail (included @ N/C), ___ use their own answering machine, OR ___ neither	
	<input type="checkbox"/> If Voice Mail is added : <input type="checkbox"/> customer sets up their own greeting <input type="checkbox"/> PRTC sets up an automated greeting for the customer with the wording of their choice	

T V	<input type="checkbox"/> Set Top Box(es)	Office Use
	<input type="checkbox"/> DVR Remote Storage	
	<input type="checkbox"/> Run Coax to additional TV's	
	<input type="checkbox"/> Package(s): _____	
	<input type="checkbox"/> On-Screen Caller ID	
<input type="checkbox"/> 2-story with TV upstairs	<input type="checkbox"/> ISP Profile	

B R O A D B A N D	Speed	Wi-Fi Router	Username (*see guidelines below)	<input type="checkbox"/> No TV Promo <input type="checkbox"/> No BB Promo
	<input type="checkbox"/> 25 meg	<input type="checkbox"/> Lease Progressive's	_____	
	<input type="checkbox"/> 50 meg	<input type="checkbox"/> Supply your own	_____	Password (length, 8-16; at least 1 letter and 1 #)
	<input type="checkbox"/> 75 meg		_____	_____
	<input type="checkbox"/> 100 meg	Surge Protector	_____	E-bill Email Address (Smarthub):
	<input type="checkbox"/> _____	<input type="checkbox"/> Lease Progressive's	_____	_____
<input type="checkbox"/> _____	<input type="checkbox"/> Buy Progressive's	_____	Wifi Security Key (if leasing) (8-16 characters)	
<input type="checkbox"/> _____	<input type="checkbox"/> Supply your own	_____	_____	
No Landline	Virus Protection	*no less than 6 characters, no capital letters, special characters can be only dash, period, or underscore)		
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Virus Protect			
<input type="checkbox"/> HTS				

F E E S	Monthly Bill	\$ _____	Installation	\$ _____	<input type="checkbox"/> Cash
	Estimated Tolls	\$ _____	Membership	\$ 10.00	<input type="checkbox"/> Check #
	This amount x 1.5	\$ _____	Deposit	\$ _____	<input type="checkbox"/> Credit Card
	Deposit	\$ _____	Handling	\$ _____	<input type="checkbox"/> Bill
			Other	\$ _____	
			Total	\$ _____	

P L A N T	Adtran Fiber	
	Splitter Name	_____
	Splitter #	_____
	IP	_____
	Slot/PON/POS	_____ - _____
Fiber #	_____	