



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

Today's Date ____ / ____ / ____

A P P L I C A N T	Name (Last) _____ (First) _____ (MI) _____		
	If published, list in the phone book as: _____		
	Mailing Address _____		City/State/Zip _____
	911 Address _____		County _____
	Email Address _____		Cell # _____
S P O U S E	Social Security Number (PRTC will take verbally) _____ / _____ / _____		Birthdate ____ / ____ / ____
	Employer _____		Employer Phone # _____
	Spouse's Name _____		Spouse's Cell # _____
	Spouse's Email Address _____		
	Spouse's SS # (PRTC will take verbally) _____ / _____ / _____		Birthdate ____ / ____ / ____
	Spouse's Employer _____		
	Employer Phone # _____		
	Estimate Monthly Long Distance: \$15____, \$30____, \$50____, \$100, Other \$_____		
	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: _____		
	Paper Bill / E-bill / Both? _____ Do you want a PRTC email addr? _____ Joint Account? Yes OR No		
	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: _____

