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 Rentz, GA 31075  
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 478.984.4205 fax  
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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 #	
	Social Security Number (PRTC will take verbally) Birthdate ____ / ____ / ____	
M I S C E L L A N E O U S	Spouse's SS # 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	
	<b>Current documents required for proof.</b>	
	Other Information	
<b>Lifeline is a federal program that helps lower the monthly cost of landline or internet service.</b> Qualification is based on income OR the use of SNAP, Medicaid, or other Federal Assistance Programs. For info/app, go to <a href="http://lifelinesupport.org">lifelinesupport.org</a> or call 800.234.9473. Once certified, the certification email must be forwarded to <a href="mailto:prtc.progressivetel.com">prtc.progressivetel.com</a> .		
I sign responsibility for this bill knowing that if the bill isn't paid, it will be transferred to my PRTC account. Signature: _____ PRTC Account #: _____		
<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 <a href="http://www.progressivetel.com">www.progressivetel.com</a>, 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	Wire Maintenance (Install ___ AP's)		Anonymous Call Rejection		Features			
	Hot to Side		Call Forwarding		Last Caller ID Erasure			
	Lease Phone (___ Wall; ___ Desk)		Call Forwarding-Busy		Repeat Dialing			
	Non-Pub; ___ Private		Call Return		Selective Call Rejection			
	TBE: Collect / 3rd # / Both		Call Reminder		Speed Dialing			
	Class Services Discount		Call Waiting		Teen Service			
	Lifeline Credit ( <b>USC EXEMPT!!!</b> )		Caller ID		Three-Way Calling			
	Carrier _____		Caller ID w/Call Waiting		Toll Block			
	International? _____		Distinctive Ringing		Toll Control w/pin _____			
	PIC Freeze? _____		Home Intercom		Voice Mail			
V O I P	<b>Voice over IP</b> ___ Customer will use one of PCCS's numbers: _____ ___ Customer will port over existing phone number(s): _____ (PCCS will need the last billing statement from the existing number(s)) ___ Non-Pub ___ Publish, list as: _____ ___ Customer will: ___ use Voice Mail (included @ N/C), ___ use their own answering machine, OR ___ neither ___ If Voice Mail is added : ___ customer sets up their own greeting ___ PRTC sets up an automated greeting for the customer with the wording of their choice							
	T V	___ Set Top Box(es) ___ DVR Remote Storage ___ Run Coax to additional TV's ___ Package(s): _____ ___ On-Screen Caller ID ___ 2-story with TV upstairs				___ ISP  ___ No TV Promo ___ No BB Promo		
		B R O A D B A N D	<b>Speed</b> ___ Silver-250mg ___ Gold-500 mg ___ Platinum-1G		<b>Wi-Fi Router</b> ___ Lease Progressive's ___ Supply your own		Username (length 6+, no CAPS, characters can be dash, period, underscore) _____ Password (length, 8-16; at least 1 letter and 1 number) _____ E-bill Email Address (Smarthub): _____ Wifi Security Key (if leasing PRTC router) (8-16 characters) _____	
			<b>No Landline</b> ___ Maintenance ___ HTS		<b>Surge Protector</b> ___ Lease Progressive's ___ Buy Progressive's ___ Supply your own			
			<b>Virus Protection</b> ___ Virus Protect					
F E E S	Monthly Bill \$ _____ Estimated Tolls \$ _____ This amount x 1.5 \$ _____ Deposit \$ _____		Installation \$ _____ Membership \$ 10.00 Deposit \$ _____ Handling \$ _____ Other \$ _____ Total \$ _____		Cash Check # Credit Card Bill			
	P L A N T	<b>Adtran Fiber</b> Splitter Name _____ Splitter # _____ IP _____ Slot/PON/POS - - Fiber # _____						