



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

Doc Vault	Application License Lifeline	Memb #	
		SO #	
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 #
M I S C E L L A N E O U S	Social Security Number (PRTC will take verbally)
	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: ____
A G R E E M E N T	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? ____
	Other Information
	Lifeline is a federal program that helps lower the monthly cost of landline or internet service. Qualification is based on income OR the use of SNAP, Medicaid, or other Federal Assistance Programs. For info/app, go to lifelinesupport.org or call 800.234.9473. Once certified, the certification email must be forwarded to prtc.progressivetel.com .
A G R E E M E N T	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 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: _____	

**Submitting your license/ID is the equivalent to signing this application*

L A N D L I N E	<input type="checkbox"/> Wire Maintenance (Install ___ AP's)		<input type="checkbox"/> Anonymous Call Rejection		Features	
	<input type="checkbox"/> Hot to Side		<input type="checkbox"/> Call Forwarding		<input type="checkbox"/> Last Caller ID Erasure	
	<input type="checkbox"/> Lease Phone (___ Wall; ___ Desk)		<input type="checkbox"/> Call Forwarding-Busy		<input type="checkbox"/> Repeat Dialing	
	<input type="checkbox"/> Non-Pub; ___ Private		<input type="checkbox"/> Call Return		<input type="checkbox"/> Selective Call Rejection	
	<input type="checkbox"/> TBE: Collect / 3rd # / Both		<input type="checkbox"/> Call Reminder		<input type="checkbox"/> Speed Dialing	
	<input type="checkbox"/> Class Services Discount		<input type="checkbox"/> Call Waiting		<input type="checkbox"/> Teen Service	
	<input type="checkbox"/> Lifeline Credit (USC EXEMPT!!!)		<input type="checkbox"/> Caller ID		<input type="checkbox"/> Three-Way Calling	
	<input type="checkbox"/> Carrier _____		<input type="checkbox"/> Caller ID w/Call Waiting		<input type="checkbox"/> Toll Block	
	<input type="checkbox"/> International? _____		<input type="checkbox"/> Distinctive Ringing		<input type="checkbox"/> Toll Control w/pin _____	
	<input type="checkbox"/> PIC Freeze? _____		<input type="checkbox"/> Home Intercom		<input type="checkbox"/> Voice Mail	
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					
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					
B R O A D B A N D	Speed		Wi-Fi Router		Username (*see guidelines below)	
	<input type="checkbox"/> Silver-250mg		<input type="checkbox"/> Lease Progressive's		<input type="checkbox"/> ISP	
	<input type="checkbox"/> Gold-500mg		<input type="checkbox"/> Supply your own		<input type="checkbox"/> Profile	
	<input type="checkbox"/> Platinum-1G				<input type="checkbox"/> No TV Promo	
					<input type="checkbox"/> No BB Promo	
			Surge Protector			
			<input type="checkbox"/> Lease Progressive's			
			<input type="checkbox"/> Buy Progressive's			
			<input type="checkbox"/> Supply your own			
	No Landline		Virus Protection		*Username: no less than 6 characters, no capital letters,	
<input type="checkbox"/> Maintenance		<input type="checkbox"/> Virus Protect		**Password: 12-127 characters, containing at least 3 lower case, upper case,		
<input type="checkbox"/> HTS				numbers, or symbols, which can be only dash, period, or underscore)		
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 #		_____			