



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

Doc Vault	Application	Memb #	
	License	SO #	
	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 #
S P O U S E	Spouse's Name Spouse's Cell #
	Social Security Number (PRTC will take verbally)
	Spouse's SS # Birthdate ____ / ____ / ____
	Spouse's Employer Employer Phone #
M I S C E L L A N E O U S	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? ____
	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 .
	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	☐ Wire Maintenance (Install ___ AP's)	☐ Anonymous Call Rejection
	☐ Hot to Side	☐ Call Forwarding
	☐ Lease Phone (___ Wall; ___ Desk)	☐ Call Forwarding-Busy
	☐ Non-Pub; ___ Private	☐ Call Return
	☐ TBE: Collect / 3rd # / Both	☐ Call Waiting
	☐ Class Services Discount	☐ Caller ID w/Call Waiting
	☐ Lifeline Credit (USC EXEMPT!!!)	☐ Selective Call Rejection
	☐ Carrier _____	☐ Three-Way Calling
	☐ International? _____	☐ Toll Block
	☐ PIC Freeze? _____	☐ Voice Mail
V O I P	Voice over IP	
	☐ 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	
T V	☐ 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	
	☐ Set Top Box(es)	
	☐ DVR Remote Storage	
	☐ Run Coax to additional TV's	
B R O A D B A N D	☐ Package(s): _____	☐ On-Screen Caller ID
	☐ 2-story with TV upstairs	☐ 2-story with TV upstairs
	Speed	Wi-Fi Router
	☐ Silver-250mg	☐ Lease Progressive's
	☐ Gold-500mg	☐ Supply your own
	☐ Platinum-1G	☐ Supply your own
	Surge Protector	☐ Lease Progressive's
	☐ Buy Progressive's	☐ Supply your own
	Maintain Wiring	Virus Protection
	☐ Yes	☐ Yes
☐ No	☐ No	
F E E S	Username (*see guidelines below)	
	Password (**see guidelines below)	
	E-bill Email Address (Smarthub):	
	Wifi Security Key (if leasing) (8-16 characters)	
	*Username: no less than 6 characters, no capital letters,	
	**Password: 12-127 characters, containing at least 3 lower case, upper case, numbers, or symbols, which can be only dash, period, or underscore)	
	Monthly Bill	\$ _____
	Estimated Tolls	\$ _____
	This amount x 1.5	\$ _____
	Deposit	\$ _____
P L A N T	Installation	\$ _____
	Membership	\$ 10.00
	Deposit	\$ _____
	Other	\$ _____
	Cash	_____
	Check #	_____
	Credit Card	_____
	Bill	_____
	Total	\$ _____
	Adtran Fiber	
Splitter Name _____		
Splitter # _____		
IP _____		
Slot/PON/POS _____		
Fiber # _____		