



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

Doc Vault	☐ App	Memb #	
	☐ License	SO #	
	☐ Lifeline		
NLL?		Cust #	
Zmb	Only if using PRTC em	Acct #	

A P P L I C A N T	Name (Last) _____ (First) _____ (MI) _____	
	If landline is 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 _____ Birthdate ____ / ____ / ____	
	Employer _____ Employer Phone # _____	
	Spouse's Name _____ Spouse's Cell # _____	
	Spouse's Email Address _____	
M I S C E L L A N E O U S	Spouse's SS # _____ Birthdate ____ / ____ / ____	
	Spouse's Employer _____ Employer Phone # _____	
	Location is: ☐ House ☐ Doublewide ☐ Singlewide ☐ Other: _____ What color is it? _____ Is location on a: ☐ Slab ☐ Crawl Space If we have to plow a drop, do you want to be called prior? _____	
	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 ☐ Food Stamps ☐ AFDC Do you or does anyone in your household have a government issued cell phone? () Yes () No	
	Current documents required for proof.	
	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 banks or employers 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: _____
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**Submitting your license/ID is the equivalent to signing this application*

L A N D L I N E	**Caller ID and *69 (Call Return) are included automatically				
	☐ Wire Maintenance (Install ___ AP's)	☐ Anonymous Call Rejection			
	☐ Hot to Side	☐ Call Forwarding			
	☐ Lease Phone (___ Wall; ___ Desk)	☐ Call Waiting			
	☐ Non-Pub; ___ Private	☐ Selective Call Rejection			
	☐ TBE: Collect / 3rd # / Both	☐ Three-Way Calling			
	☐ Class Services Discount	☐ Toll Block			
	☐ Lifeline Credit (USC EXEMPT!!!)	☐ Voice Mail			
	V O I P	Voice over IP			
Use new number(s): _____					
Port existing number(s): _____ (most recent billing statement required)					
Use Voice Mail (be sure to give instructions)					
☐ Automated greeting					
☐ customer sets up their own greeting					
☐ Use their own answering machine					
☐ Non-Pub ___ Publish as shown on page 1 of application					
☐ Private Block					
☐ Toll Block, OR ___ Toll Control w/Pin					
☐ International Access					
B R O A D B A N D	Speed	Wi-Fi Router	Username (*see guidelines below)	Office Use	
	☐ Silver-250mg	☐ Lease Progressive's		☐ ISP	
	☐ Gold-500mg	☐ Supply your own	Password (**see guidelines below)	☐ No Promo	
	☐ Platinum-1G				
		Surge Protector	E-bill Email Address (Smarthub):		
		☐ Lease Progressive's			
		☐ Buy Progressive's	Wifi Security Key (if leasing) (8-16 characters)		
		☐ Supply your own			
	Maintain Wiring		*Username: no less than 6 characters, no capital letters		
	☐ Yes		**Password: 12-127 characters, containing a lower case letter, upper case letter, a number, and a special character)		
☐ No					
F E E S	Monthly Bill	\$ _____	Installation	\$ _____	☐ Cash
	Estimated Tolls	\$ _____	Membership	\$ 10.00	☐ Check #
	This amount x 1.5	\$ _____	Deposit	\$ _____	☐ Credit Card
	Deposit	\$ _____	Handling	\$ _____	☐ Bill
			Other	\$ _____	
			Total	\$ _____	
P L A N T	Adtran Fiber				
	Splitter Name	_____			
	Splitter #	_____			
	IP	_____			
	Slot/PON/POS	- -			
	Fiber #	_____			