



Pennsylvania Telephone Company Application for Service

191 Middle Road ♦ Jersey Shore PA 17740 ♦ (570) 745-7101 ♦ FAX (570) 745-3666

Date _____

Name _____

Address _____

County (please select one):

Lycoming

Clinton

Social Security Number _____

Previous Address _____

Previous Phone Number _____

Credit Reference _____

Employer _____

Previous Customer of Pennsylvania Telephone Company?

Yes

No

Type of Service Requested _____

This data is being collected for Federal Government reporting purposes only (optional)

Please select your ethnicity:

<input type="checkbox"/>	Asian	<input type="checkbox"/>	American Indian or Alaskan
<input type="checkbox"/>	Other	<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	White	<input type="checkbox"/>	Native Hawaiian or Other
<input type="checkbox"/>	Hispanic or Latino		

FOR OFFICE USE

Deniable?	Name of Service	Rate
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The undersigned makes application for telephone service of the kind and class as described above and agrees to pay the rates as established for such service; and further agrees to the Rules and Regulations as set forth in the exchange tariff and to any general changes in the rules, regulations, tariffs or rates for such service. This application becomes a contract when accepted in writing by the Telephone Company.

Applicant Signature _____

Due Date _____

Directory Listing _____

The first month of billing may be less or more, depending on the date service is connected.