

**Brooklyn Mutual Telecommunications Cooperative**  
**Application for Telephone Service**

PO Box 513, Brooklyn, Iowa 52211-0513 | www.brooklyntelco.com

Date \_\_\_\_\_ Phone # \_\_\_\_\_ (office use only) Membership # \_\_\_\_\_ (office use only)

Requested Install Date (please note we may not be able to complete the install the day you request) \_\_\_\_\_

Name (please print) \_\_\_\_\_

Name(s) Wanted in Directory \_\_\_\_\_

(write non-pub if not wanting listed in the phone book for a \$1/mo.) \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Employed by \_\_\_\_\_

Home - Own \_\_\_\_\_ Rent \_\_\_\_\_ Landlord \_\_\_\_\_

Long Distance Carrier (write NONE if you do not want long distance) \_\_\_\_\_

*Our long distance service is \$.14 a minute. There is no flat fee. If you choose our LD please put "BMTC"*

**Class of Service (check one)** Residential \_\_\_\_\_ Business \_\_\_\_\_

Applicant agrees to subscribe and pay for one membership in the company and to pay the rates now in effect, in advance, for the service at the company's office. The applicant agrees to the established rules and regulations and rates for the service furnished, a copy of which is attached. This application is taken subject to available facilities and becomes a contract when accepted by this company. The undersigned further agrees that the membership purchased by this applicant may be held by the Brooklyn Mutual Telecommunications Cooperative and that upon termination of service, the undersigned agrees that any unpaid bill for telephone service, toll calls, or other bills due the company, such sums will be deducted from the proceeds of the membership with any balance being paid to the undersigned after the account has been closed. For the purpose of effecting transfer of said membership upon termination of service, the undersigned names, constitutes and appoints the President of Brooklyn Mutual Telecommunications Cooperative as his agent to make such transfer.

\_\_\_\_\_  
**Applicants Signature**

\_\_\_\_\_  
**Date**

**Membership: \$25.00 (due at time of application)**

**Install Charge: \$9.50 (applied to first bill)**

Caller ID Service (408) \_\_\_\_\_ \$5.00      Distinctive Ringing (410) \_\_\_\_\_ \$7.50      3 Way Calling (407) \_\_\_\_\_ \$1.50

Non-Published No.(422) \_\_\_\_\_ \$1.00      Call Waiting (401) \_\_\_\_\_ \$1.50      Call Forwarding (402) \_\_\_\_\_ \$1.50

Caller ID Block (per line) (412) \_\_\_\_\_ \$2.00      900 # Blocked (900) \_\_\_\_\_ N/C

Life Line Assistance \_\_\_\_\_ (Fill Out Required Form)

**Auto-Pay is available.** Please request a form if you are interested in this service.

## FREE 900 CALL BLOCKING

The 900 services allow you to reach a variety of long distance and entertainment sources to a pay per call basis. But you and some other customers may prefer to have access to these services blocked. Blocking prevents connections to all 1-900 or 0-900 dialing. If you would like to have access to 900 numbers blocked, please fill out this form. There will be no charge to you for having the 900 calls blocked.

After the 900 access blocking begins, you may, at any time, request lifting the blocking from your phone so calls can go through to 900 numbers. Once blocking has been lifted, if you request that 900 access be restricted again, a charge will apply to reinstall call blocking.

If you have any questions about 900 call blocking, please call a service representative at your local telephone company's business office.

## REQUEST FOR 900 ACCESS BLOCKING

Yes, I request that you block access to all 900-phone numbers dialed from my phone service.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Patron's Voluntary Capital Credit Assignment Agreement  
BROOKLYN MUTUAL TELECOMMUNICATIONS COOPERATIVE  
129 JACKSON ST, BROOKLYN, IOWA 52211-0513  
ASSIGNMENT**

I/We hereby assign, transfer and set over to the Brooklyn Mutual Telecommunications Cooperative, the total book value of capital credits standing to my/our account on the books of the Cooperative and which are available for retirement pursuant to proper action of the board of directors and the Cooperative, and I/We agree that said amount shall become due and payable to the Cooperative three (3) years after the Cooperative has made a bona fide attempt to pay said amount to me/us (whether by sending a letter to me/us or my/our last address shown on the books of the Cooperative or otherwise) and has not succeeded in doing so.

**\*\*\*Customer Signature\*\*\* (REQUIRED) \_\_\_\_\_**

Membership # \_\_\_\_\_ (office use only)

## Establishing a Password

Under the FCC rules governing the use and disclosure of Customer Proprietary Network Information (CPNI), there are certain circumstances under which Brooklyn Mutual Telecommunications Cooperative may be permitted to respond to your inquiries regarding call detail information or certain account information only by the customer providing a pre-established password, the company calling the telephone number listed on the account, or the company sending such information to the mailing address or electronic address of record. **The password you choose CANNOT be related to your family history or account information (account number, home address, social security number, mother's maiden name, etc) and must be at least 6 alphanumeric characters long (Ex. Sc02hs).** This form will establish a password and back-up question only for purposes of service and account inquiries, including inquiries relating to CPNI

**Designated Password for Account Inquiries:** \_\_\_\_\_

**Designated Answer to the Back-Up Question:** What is your favorite color? \_\_\_\_\_

***IMPORTANT:** By signing below, the customer is providing the company with express, written approval to use the above password and back-up question before providing any information regarding service and account inquiries made by the account owner or designated account users. This approval includes responses to inquiries related to the customer's services generally and specifically to inquiries concerning call detail information and account information, including Customer Proprietary Network Information.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## Adding Authorized Users to Account

Under the FCC rules governing the use and disclosure of Customer Proprietary Network Information (CPNI), Brooklyn Mutual Telecommunications Cooperative will only be allowed to discuss CPNI with those listed as an authorized user on the account and carrying a photo ID. **Remember, CPNI includes call detail information and certain account information, including the amount of your bill.** Adding an authorized user does not mean that their name(s) will show up on the bill, but only that these persons will be allowed to discuss CPNI with our company representatives.

**Legal Name (Print)** \_\_\_\_\_

**Legal Name (Print)** \_\_\_\_\_

**Legal Name (Print)** \_\_\_\_\_

**Legal Name (Print)** \_\_\_\_\_

***IMPORTANT:** By signing below, the customer is expressly requesting that the company share certain account and call detail information, including Customer Proprietary Network Information, with authorized account users and is authorizing the company to share such information with authorized users as necessary to address service and account inquiries initiated by the account owner or any authorized user.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**