

Brooklyn Mutual Telecommunications Cooperative
Application for Telephone Service

PO Box 513, Brooklyn, Iowa 52211-0513 / 641-522-9211 / www.brooklyntelco.com

Date _____ Phone # 641-522- _____ (office will fill out) Membership # _____ (office will fill out)

Membership: \$25.00 Cash or Check only (due when you sign up for service)

\$9.50 Install Charge to hook up your required Telephone line (goes on first bill)

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

Personal Name(s) or Business Name for your active telephone account (please print) _____

If you want listed in the phone book, for free, put names here how you'd like it listed _____

Or, if you don't want listed in the phone book, for a \$1 a month, write 'NON-PUB' here _____

Physical Address _____

Mailing Address (if different) _____

Cell Phone: _____ 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.

(REQUIRED to fill out) _____ **(REQUIRED to fill out)** _____
Applicants Signature Date

Required phone line cost per month is \$23.50 (plus taxes & fees)
(Plus, any additional extra phone options selected below)

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)

(REQUIRED TO FILL OUT) "BMTC" offers long-distance at \$.14 a minute with no additional monthly fee. If you want long distance, please enter the long-distance company name of your choice or write "NONE" here _____

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.

(REQUIRED TO SIGN HERE) *Customer Signature* _____

Membership # _____ *(office use only)*

Auto-Pay from a checking account is available.

(Please request a form if you are interested in this service)

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

(REQUIRED to fill out) Designated Password for Account Inquiries: _____

(REQUIRED to fill out) 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.

(REQUIRED to fill out) _____ **(REQUIRED to fill out)** _____
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.

**Print names below, of people you want to have access to your account,
that are not listed on the account name near the top of page 1**

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