

#### WELCOME TO CENTRAL TEXAS TELECOMMUNICATIONS!

We are excited you have chosen CTTC as your telecommunications provider. Our company is dedicated to providing you with the very best communication services in rural Texas.

This application packet includes forms relating to our telephone and broadband products and services. Please complete all applicable forms in full. Once completed, please mail, fax or email the forms back to us along with a copy of your valid Texas driver's license or valid Texas identification. All applicable forms and fees must be received prior to installation/activation.

If you have any questions or concerns, please contact our Customer Service Center at 325-648-2237 or 800-535-8904 and one of our experienced representatives will be glad to assist you.

We welcome you as a CTTC member and look forward to serving you with the most reliable telecommunications available!

Sincerely,
Central Texas TeleCommunications

PO Box 627, Goldthwaite, TX 76844

Fax: 325-938-5319



#### APPLICATION FOR MEMBERSHIP AND SERVICE

The Applicant hereby applies for membership in and agrees to receive telecommunication service from Central Texas TeleCommunications, a cooperative, non-profit corporation existing under the laws of the State of Texas for the purpose of furnishing telecommunication service.

Туре	of Service: Res	idential 🗌 Busi	iness 🗌 Governme	nt Agency
Name		Ph	one#	DOB
SS/Tax ID:	DL#		Email Address	
Spouse Name (If joint)		F	Phone #	DOB
SS/Tax ID:	DL#		Email Address	
Mailing Address			City/State/Zip	
Installation Address			City/Zip	
	eive text messages. See our terms and condition ment may be re			
Inside City Limits? City		County	Sc	hool District
Nearest Neighbor(s)				
Do you rent? ☐ Yes ☐ No				
If yes: Owner's Name/Phone	#			
, Do you authorize CTTC empl				
Special Instructions (animals				
	□ 1 Gbps / 1 ( □ 100 Mbps /	Gbps 20 Mbps	\$99.00 \$89.95	
	□ 10 Mbps / 1	-	\$69.95	
·		·		Prices are subject to change.
Would you like a CENT				@contox not
If yes, preferred User Na				_
Preferred Password (at	least 6 characters	):		
For Office Use Only:  Membership #_			Account#	
Exchange			Telephone #	
□ New Member	Applicant	□ Existing Me	ember/Membership	Conversion
Name	Change From:			
Date Received		SO#	CSR	

# AFFORDABLE CONNECTIVITY PROGRAM CONSUMER INFORMATION



The Affordable Connectivity Program is an <u>FCC program</u> to help families and households struggling to afford broadband internet service during the COVID-19 pandemic.

The Affordable Connectivity Program provides:

- Up to \$30/month discount for broadband service;
- Up to \$75/month discount for households on qualifying Tribal lands; and

The Affordable Connectivity Program benefit is limited to one monthly service discount per household.

#### Who is Eligible?

A household is eligible if a member of the household meets one of the criteria below:

- Has an income that is at or below 200% of the Federal Poverty Guidelines or participates in certain assistance programs, such as SNAP, Medicaid, or <u>Lifeline</u>;
- Receives benefits under the free and reduced-price school lunch program or the school breakfast program, or did so in the 2019-2020 school year;
- Received a Federal Pell Grant during the current award year
- Participates in Special Supplemental Nutritional Program for Women, Infants and Children (WIC)

#### **Three Ways to Apply**

- 1. **Contact your preferred participating broadband provider** directly to learn about their application process.
- 2. **Go to** AffordableConnectivity.gov to apply online and to find participating providers near you.
- 3. Call 833-511-0311 for a mail-in application, and return it along with proof of eligibility
  - to: Emergency Broadband Support Center

P.O. Box 7081 London, KY 40742

#### APPLICATION FOR MEMBERSHIP AND SERVICE

#### WOULD YOU LIKE TO ADD A PHONE LINE? ☐ Yes ☐ No (If No. skip to the next page.)

\*A \$10.00 credit will be applied to your account if you purchase both phone and internet services.

#### Residential Service - \$22.28 per month + applicable taxes and fees Business Service - \$26.62 per month + applicable taxes and fees

Business Service - \$26.62 per month + applicable taxes and fees  A non-recurring service charge will apply to add features after the initial installation.							
POPULAR PHONE FEATURES: Please choose any features you would like added to your phone service.							
	Residential	Business		Res/Bus			
□Touch Tone-Required	\$1.25	\$1.25	□Anonymous Call Rejection	\$1.00			
□Call Waiting	\$1.50	\$2.00	☐Caller ID Name	\$3.50			
□Call Forwarding	\$1.50	\$2.00	☐Caller ID Number	\$3.50			
□3-Way Calling	\$1.75	\$2.75	□Caller ID Name & Number	\$6.50			
□Voicemail	\$3.95	\$5.95	□Per-line Blocking	Free			
□Help Line	\$1.00		☐Toll BlockCollect Calls	Free			
*For a complete list of features, please ask your customer service representative							
Please select the long distance carrier of your choice. You will need to contact the long distance carrier to set up an account and they should provide a 4-digit code that you will need to provide to CTTC to complete your service set up.							
INTERLATA LONG DISTAN	CE CARRIERS	INT	RALATA LONG DISTANCE CARRIERS				
☐ CenturyLink (800-860-1	LO20)		CenturyLink (800-860-1020)				
□ Frontier (800-921-8101)			Frontier (1-800-921-8101)				
☐ Central Texas Communications (800-535-8904)		l) 🗆	Central Texas Communications (800-535-8904)				
□ AT&T (800-222-0300)			AT&T (800-222-0300)				
□ MCI (800-444-3333)			MCI (800-444-3333)				
□ Excel (800-875-9235)			Excel (800-875-9235)				
□ ACN Communications (888-226-9013)			ACN Communications (888-226-9013)				
(	□ Central Texas Telephone Coop (800-535-8904)		35-8904)				
A PIC FREEZE is highly recommended:							
It is strongly recommended – but not required – that you authorize a PIC FREEZE. The purpose of a freeze is to prevent a change in your long distance carrier without your consent. A freeze is a protection against "slamming" (switching your long distance carrier without your permission). You can impose a freeze on either your local toll or long distance carrier, or both. If you authorize a freeze, you must contact Central Texas TeleCommunications at 325-648-2237 or (800) 535-8904 to lift the freeze before you can change your long distance carrier. You may add or lift a freeze at any time at no charge.  Do you wish to add a PIC FREEZE on your long distance carrier?   Yes  No							
<b>TELEPHONE DIRECTORY LISTING</b> Would you like your phone number published in the telephone directory? ☐ Yes ☐ No (\$1.00 per month)							
List As:	Directory Address:(911 Address or PO Box only – No City Listed)						
If Business, do you desire yellow page listings? ☐ Yes ☐ No If yes, list heading you prefer (ie., Hardware, Plumbers, Grocers):							

Will you allow CTTC to responsibly use your account information (CPNI) to determine if we have products, features or services that may benefit you in the future?  $\Box$  Yes  $\Box$  No

#### APPLICATION FOR MEMBERSHIP AND SERVICE

### **Required For ALL Applicants:**

Please provide a	password of at least 6 characters for use whe	en contacting our office:
Please answer <u>ON</u>	$\underline{m{E}}$ of the following questions. The answers will be	e used to verify your identity when
speaking to our cus	stomer service representatives.	
	ion or city w ere you married ?	
	mother's or father's middle name(Please circle)?	
What is your	favorite car?	
What is your	pet's name?	
vviiat io your	Tavorko oporto todini.	
You may add an indiv on your behalf. Any ir selected above.	vidual(s) as an authorized user of your account, enabling that ndividual who you authorize on your account will need to know	t person to obtain call detail information or make changes w the answer to the security question that you have
Authorized User #1		Phone
Authorized User #2	2	Phone
	Membership Options: ☐ Single – Indiv	
<u>By signing</u> <u>membersh</u>	g, the Applicant(s) understands and agrees to hip:	to the following aspects of joint and single
Ownership of particular:	the membership and capital credits may be affected by a ch	ange in marital status or the death of a spouse. In
а.	Marriage of a Single Member. The capital credits accomembership unless the single member converts his/her sin Section 5 of the CTTC Bylaws. Otherwise, the capital crediname.	gle membership to a joint membership pursuant to Artide I,
b.	<u>Div orce of Joint Members</u> . If joint members divorce, the cunless specifically addressed in a divorce decree provided	apital credits will remain in the name of the joint membership to CTTC.
C.	<u>Death of a Spouse with a Single Membership</u> . Upon to name, the surviving spouse must submit a new application for credits accrued by the deceased spouse may only be trans	for membership and services to maintain service. Any capital
d.	<u>Death of a Spouse with a Joint Membership</u> . Upon the shall be held solely by the survivor pursuant to Article I, Se	death of a spouse in a joint membership, the membership ction 5 of the CTTC Bylaws.
lf applying for apply equally	a joint membership, the term "member" includes both legals with respect to both spouses.	spouses, and any rightsor liabilities of membership shall
□ I have beer	notified that the service agreements centexnet.com/agreem	
agreements set	the charter and bylaws of CTTC, and such	tive, Inc. (CTTC), including without limitation
Applicant's Sign	ature	Date
If Business – Tit	le	
Spouse's Signat	ture (If Joint)	Date

## (Rev. November 2017 Department of the Treasury Internal Revenue Service

**Request for Taxpayer Identification Number and Certification** 

► Go to www.irs.gov/FormW9 for instructions and the latest information

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blan	ζ.	
	2 Business name/disregarded entity name, if different from above		
s on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. of following seven boxes.    Individual/sole proprietor or	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any)	
Print or type. Specific Instructions on page	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partr  Note: Check the appropriate box in the line above for the tax classification of the single-member  LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the  another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a si  is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any)	
bec	Uther (see instructions) ►  5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name a	(Applies to accounts maintained outside the U.S.)
See S	6 City, state, and ZIP code	Requester's name and address (optional)  Central Texas Telephone Cooperative, Inc. PO Box 627  Goldthwaite, TX 76844	
	7 List account number(s) here (optional)	Goldtiwaite, 1.	X 70044
backu reside entitie TIN, la	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to a p withholding. For individuals, this is generally your social security number (SSN). However, nt alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other s, it is your employer identification number (EIN). If you do not have a number, see How to g	eurity number	
	er To Give the Requester for guidelines on whose number to enter.	s and	-
Par	Certification		
Under	penalties of perjury, I certify that:		
2. I an Ser	number shown on this form is my correct taxpayer identification number (or I am waiting for not subject to backup withholding because: (a) I am exempt from backup withholding, or livice (IRS) that I am subject to backup withholding as a result of a failure to report all interest longer subject to backup withholding; and	b) I have not been n	otified by the Internal Revenue
3. I an	n a U.S. citizen or other U.S. person (defined below); and		
4. The	FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA report	ing is correct.	
you ha	cation instructions. You must cross out item 2 above if you have been notified by the IRS that we failed to report all interest and dividends on your tax return. For real estate transactions, item ition or abandonment of secured property, cancellation of debt, contributions to an individual rethan interest and dividends, you are not required to sign the certification, but you must provide y	2 does not apply. For	r mortgage interest paid, (IRA), and generally, payments
Sign Here	Signature of U.S. person ▶	Date ►	
Ge	neral Instructions • Form 1099-DIV (	dividends, including	those from stocks or mutual

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,