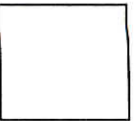


**NEW SERVICE APPLICATION**  
**PLEASE PRINT**



DATE: \_\_\_\_\_

**ACCOUNT INFORMATION**

Applicant's Name: \_\_\_\_\_ Extra Listing (Additional \$1.00 per month): \_\_\_\_\_  
Contact Numbers: \_\_\_\_\_  
Residential Listing: \_\_\_\_\_  
Business Listing: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_  
Directory (Telephone Book) Listing: \_\_\_\_\_  
Billing/Mailing Address: \_\_\_\_\_  
Physical Address & Driving Directions: \_\_\_\_\_  
911 ADDRESS: \_\_\_\_\_  
(MAY BE OBTAINED BY CALLING: DELAWARE COUNTY E-911 OFFICE AT 918- 253-9111 or MAYES COUNTY E-911 OFFICE AT 918-824-1875)

**PREVIOUS SERVICE INFORMATION**

Grand Telephone Company? YES  NO  Name(s) on account: \_\_\_\_\_  
OMNI III Cable T.V., Inc.? YES  NO  Name(s) on account: \_\_\_\_\_  
Grand Lake Telecommunications? YES  NO  Name(s) on account: \_\_\_\_\_

If "YES", please list any information concerning any service you may have had within the last year.

Company: \_\_\_\_\_ Town/City: \_\_\_\_\_  
Listing: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Length of Service: \_\_\_\_\_ Disconnect Date: \_\_\_\_\_

**APPLICANT INFORMATION**

Applicant's Maiden Name (If Applicable): \_\_\_\_\_ Applicants Marital Status: M  S  D  SEP  W   
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Years: \_\_\_\_\_  
DL # or Last 4 Digits of SSN: \_\_\_\_\_ Over 18?: YES  NO   
Spouse's Name (If Applicable): \_\_\_\_\_ Spouse's Maiden Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Years: \_\_\_\_\_  
DL # or Last 4 Digits of SSN: \_\_\_\_\_ Over 18?: YES  NO

**CPNI INFORMATION**

CPNI: Please list any person(s) that may have access to your account information: \_\_\_\_\_  
CPNI Password: \_\_\_\_\_  
CPNI Verification Questions if CPNI Password is Forgotten (Pick two of the following):  
Q: Favorite Color: \_\_\_\_\_ Q: Last Name of Childhood Friend: \_\_\_\_\_  
Q: Name of First Pet: \_\_\_\_\_ Q: Name of Favorite Teacher: \_\_\_\_\_  
Q: Make/Model of First Car: \_\_\_\_\_ Q: Name of Favorite Artist: \_\_\_\_\_

**CHECK THE BOX FOR EACH COMPANY YOU ARE APPLYING FOR SERVICE:**

- |                          |                               |                             |
|--------------------------|-------------------------------|-----------------------------|
| <input type="checkbox"/> | Grand Telephone Company, Inc. | Local Telephone Service     |
| <input type="checkbox"/> | GTC, Inc.                     | Long Distance Service       |
| <input type="checkbox"/> | OMNI III Cable T.V., Inc.     | Video Service               |
| <input type="checkbox"/> | Grand Lake Telecommunications | High Speed Internet Service |

**WOULD YOU LIKE DIRECT PAYMENT ON YOUR ACCOUNT(S)?**

- |                               |                             |                                                          |
|-------------------------------|-----------------------------|----------------------------------------------------------|
| Grand Telephone Company, Inc. | Local Telephone Service     | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| OMNI III Cable T.V., Inc.     | Video Service               | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Grand Lake Telecommunications | High Speed Internet Service | YES <input type="checkbox"/> NO <input type="checkbox"/> |

Bank \_\_\_\_\_ Name on Account \_\_\_\_\_

Please provide a voided blank check and signature for each service on Direct Payment.

**LIFELINE QUALIFIED?**

YES  NO

**CERTIFICATION RECEIVED?**

YES  NO

**NOTES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OFFICE USE ONLY:**

TAKEN BY: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

DATE PAID: \_\_\_\_\_  CHECK  CASH

DIRECT PAYMENT: YES  NO

	GRAND	GLT	OMNI
WRITE OFF AMOUNT:	_____	_____	_____
FIRST MONTHS RATE:	_____	_____	_____
DEPOSIT:	_____	_____	_____
MODEM / ROUTER:	_____	_____	_____
TOTAL PAID:	_____	_____	_____

# OMNI III CABLE T.V., INC.

ACCOUNT NUMBER: \_\_\_\_\_

Cable T.V. Options:

Basic Cable (Including Local Channels)		\$26.50
Add Premium Channel – HBO	<input type="checkbox"/>	+\$18.00
Add Premium Channel – CINEMAX	<input type="checkbox"/>	+\$18.00
Add Premium Channel – SHOWTIME	<input type="checkbox"/>	+\$18.00
Add Premium Channels – HBO & CINEMAX	<input type="checkbox"/>	+\$30.00
Add Premium Channels – HBO, CINEMAX, & SHOWTIME	<input type="checkbox"/>	+\$48.00

Additional Outlets are \$2.50 per month in addition to monthly rate.

Do you need additional outs?    YES  NO                       How many? \_\_\_\_\_

Applicant Over 62? (Free Installation): YES  NO

Secondary Responsible Party Over 62? (Free Installation): YES  NO

**In making this application the undersigned agrees to the rules and regulations of OMNI III Cable T.V., Inc. and to any general changes in the rules, regulations, tariffs or rates for the service furnished under this application. This application becomes a contract when accepted in writing by OMNI III Cable T.V., Inc.**

\_\_\_\_\_  
APPLICANT SIGNATURE (FINANCIALLY RESPONSIBLE PARTY CAN MAKE CHANGES TO THE ACCOUNT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SECONDARY RESPONSIBLE PARTY (FINANCIALLY RESPONSIBLE PARTY CAN MAKE CHANGES TO THE ACCOUNT)

\_\_\_\_\_  
DATE