

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

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



**ACCOUNT INFORMATION**

Applicant's Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Residential / Business Listing: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_

Directory Listing: \_\_\_\_\_ Billing / Mailing Address: \_\_\_\_\_

Physical 911 Address: \_\_\_\_\_

(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)

**APPLICANT INFORMATION**

Applicant's Maiden Name (If Applicable): \_\_\_\_\_

Applicant's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Years: \_\_\_\_\_

DL # or Last 4 Digits of SSN: \_\_\_\_\_ Over 18 Years Old?: YES  NO

Applicant has:  Hearing Impairment  Medical Condition

Spouse's Name (If Applicable): \_\_\_\_\_ Spouse's Maiden Name: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Years: \_\_\_\_\_

DL # or Last 4 Digits of SSN: \_\_\_\_\_ Over 18 Years Old?: YES  NO

Spouse has:  Hearing Impairment  Medical Condition

**PREVIOUS SERVICE INFORMATION**

Grand Telephone Company  OMNI III Cable T.V., Inc.  Grand Lake Telecommunications

Name(s) on account: \_\_\_\_\_ Telephone / Account Number: \_\_\_\_\_

Disconnect Date: \_\_\_\_\_

Has this physical address had service before? YES  NO  Easement needed? YES  NO

Landowner name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**COMPANY/SERVICE YOU ARE APPLYING FOR:**

		Service	Direct Payment	Electronic Billing
Grand Telephone Company, Inc.	Local Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OMNI III Cable T.V., Inc.	Video	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grand Lake Telecommunications	Broadband Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CPNI INFORMATION**

Customer Proprietary Network 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: Name of Childhood Friend: \_\_\_\_\_

Q: Pet's Name: \_\_\_\_\_

Q: Name of Favorite Teacher: \_\_\_\_\_

**OFFICE USE ONLY:**

TAKEN BY: \_\_\_\_\_

**LIFELINE QUALIFIED?**

YES  NO

**LIFELINE CERTIFICATION RECEIVED?**

YES  NO

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

CHECK

CASH

CREDIT CARD

TBB

GRAND/GTC

Acct# \_\_\_\_\_

GLT

Acct# \_\_\_\_\_

OMNI

Acct# \_\_\_\_\_

WRITE OFF AMOUNT: \_\_\_\_\_

FIRST MONTHS RATE: \_\_\_\_\_

MODEM / ROUTER: \_\_\_\_\_

DEPOSIT: \_\_\_\_\_ / \_\_\_\_\_

INSTALLATION FEE: \_\_\_\_\_

TOTAL PAID: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_