



## 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

Email: [cttc@centex.net](mailto:cttc@centex.net)



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.

Type of Service:  Residential  Business  Government Agency

Name \_\_\_\_\_ Phone # \_\_\_\_\_ DOB \_\_\_\_\_

SS/Tax ID: \_\_\_\_\_ DL # \_\_\_\_\_ Email Address \_\_\_\_\_

Spouse Name (If joint) \_\_\_\_\_ Phone # \_\_\_\_\_ DOB \_\_\_\_\_

SS/Tax ID: \_\_\_\_\_ DL # \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Installation Address \_\_\_\_\_ City/Zip \_\_\_\_\_

(An easement may be required to provide service to your location)

Inside City Limits? \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ School District \_\_\_\_\_

Nearest Neighbor(s) \_\_\_\_\_

Do you rent?  Yes  No

If yes: Owner's Name/Phone # \_\_\_\_\_

Do you authorize CTTC employees to enter your residence or business without your presence?  Yes  No

Special Instructions (animals on the property, gate code, etc.) \_\_\_\_\_

INTERNET SERVICE PLANS (Installation Fee \$150.00)

Without Phone per Month

- 1 Gbps / 100 Mbps \$199.95
500 Mbps / 100 Mbps \$159.95
100 Mbps / 20 Mbps \$129.95
50 Mbps / 10 Mbps \$99.95
10 Mbps / 1 Mbps \$69.95

With Phone per Month

- 1 Gbps / 100 Mbps \$189.95
500 Mbps / 100 Mbps \$149.95
100 Mbps / 20 Mbps \$119.95
50 Mbps / 10 Mbps \$89.95
10 Mbps / 1 Mbps \$59.95
4 Mbps / 1 Mbps \$56.95

\*These are maximum speeds and are not guaranteed. These speeds are subject to availability. Prices are subject to change.

Would you like a CENTEX.NET email account?  Yes  No

If yes, preferred User Name: \_\_\_\_\_@centex.net

Preferred Password (at least 6 characters): \_\_\_\_\_

For Office Use Only:

Membership # \_\_\_\_\_ Account # \_\_\_\_\_

Exchange \_\_\_\_\_ Telephone # \_\_\_\_\_

New Member Applicant  Existing Member/Membership Conversion

Name Change From: \_\_\_\_\_

Date Received \_\_\_\_\_ SO# \_\_\_\_\_ CSR \_\_\_\_\_

## APPLICATION FOR MEMBERSHIP AND SERVICE

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

**Residential Service - \$22.28 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
<input type="checkbox"/> Touch Tone- Required	\$1.25	\$1.25	<input type="checkbox"/> Anonymous Call Rejection	\$1.00
<input type="checkbox"/> Call Waiting	\$1.50	\$2.00	<input type="checkbox"/> Caller ID Name	\$3.50
<input type="checkbox"/> Call Forwarding	\$1.50	\$2.00	<input type="checkbox"/> Caller ID Number	\$3.50
<input type="checkbox"/> 3-Way Calling	\$1.75	\$2.75	<input type="checkbox"/> Caller ID Name & Number	\$6.50
<input type="checkbox"/> Voicemail	\$3.95	\$5.95	<input type="checkbox"/> Per-line Blocking	Free
<input type="checkbox"/> Help Line	\$1.00		<input type="checkbox"/> Toll Block Collect 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 DISTANCE CARRIERS**

- CenturyLink (800-860-1020)
- Frontier (800-921-8101)
- Central Texas Communications (800-535-8904)
- AT&T (800-222-0300)
- MCI (800-444-3333)
- Excel (800-875-9235)
- ACN Communications (888-226-9013)

**INTRALATA LONG DISTANCE CARRIERS**

- CenturyLink (800-860-1020)
- Frontier (1-800-921-8101)
- Central Texas Communications (800-535-8904)
- AT&T (800-222-0300)
- MCI (800-444-3333)
- Excel (800-875-9235)
- ACN Communications (888-226-9013)
- Central Texas Telephone Coop (800-535-8904)

**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

**TELEPHONE DIRECTORY LISTING**

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?  Yes  No

## APPLICATION FOR MEMBERSHIP AND SERVICE

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

Please provide a password of at least 6 characters for use when contacting our office: \_\_\_\_\_

Please answer **ONE** of the following questions. The answers will be used to verify your identity when speaking to our customer service representatives.

What location or city were you married in? \_\_\_\_\_

What is your mother's or father's middle name? \_\_\_\_\_

What is your favorite car? \_\_\_\_\_

What is your pet's name? \_\_\_\_\_

What is your favorite sports team? \_\_\_\_\_

You may add an individual(s) as an authorized user of your account, enabling that person to obtain call detail information or make changes on your behalf. Any individual who you authorize on your account will need to know the answer to the security question that you have selected above.

Authorized User #1 \_\_\_\_\_ Phone \_\_\_\_\_

Authorized User #2 \_\_\_\_\_ Phone \_\_\_\_\_

**Membership Options:**  **Single – Individual or Business**  **Joint**

### **By signing, the Applicant(s) understands and agrees to the following aspects of joint and single membership:**

Ownership of the membership and capital credits may be affected by a change in marital status or the death of a spouse. In particular:

- a. **Marriage of a Single Member.** The capital credits accrued by a single member will not transfer to a new joint membership unless the single member converts his/her single membership to a joint membership pursuant to Article I, Section 5 of the CTTC Bylaws. Otherwise, the capital credits accrued by the member while single will remain in his/her name.
- b. **Divorce of Joint Members.** If joint members divorce, the capital credits will remain in the name of the joint membership unless specifically addressed in a divorce decree provided to CTTC.
- c. **Death of a Spouse with a Single Membership.** Upon the death of a spouse with a single membership in his/her name, the surviving spouse must submit a new application for membership and services to maintain service. Any capital credits accrued by the deceased spouse may only be transferred to the surviving spouse through inheritance.
- d. **Death of a Spouse with a Joint Membership.** Upon the death of a spouse in a joint membership, the membership shall be held solely by the survivor pursuant to Article I, Section 5 of the CTTC Bylaws.

If applying for a joint membership, the term "member" includes both legal spouses, and any rights or liabilities of membership shall apply equally with respect to both spouses.

**I have been notified that the service agreements and notices are available at:**  
**[centexnet.com/agreements/notices](http://centexnet.com/agreements/notices)**

By signing below, I understand as both a member and a subscriber, I am bound by all terms and agreements set forth by Central Texas Telephone Cooperative, Inc. (CTTC), including without limitation all provisions of the charter and bylaws of CTTC, and such rules and regulations as may from time to time be adopted by CTTC.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

If Business – Title \_\_\_\_\_

Spouse's Signature (If Joint) \_\_\_\_\_

Date \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)  <b>Central Texas Telephone Cooperative, Inc.          PO Box 627          Goldthwaite, TX 76844</b>
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

or

Employer identification number									

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am 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 reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here**

Signature of U.S. person ▶

Date ▶

## General Instructions

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](http://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)

- Form 1099-DIV (dividends, including those from stocks or mutual 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, later.*