



Buggs Island Telephone Cooperative

P.O. Box 129 100 Nellie Jones Rd Bracey, VA 23919
434-636-2274 434-636-1211 fax
<http://www.bitbroadband.com>

NEW TELEPHONE INSTALLATION FORM – RESIDENTIAL/BUSINESS

Account # _____ Contact Number _____ Email _____

Full Legal Name _____

Date Of Birth _____ SS/TAX ID (EIN)# _____ Drivers License# _____

911 Service Address _____

Service City _____ Service State _____ Service Zip _____ Service County _____

Billing Address _____

Billing City _____ Billing State _____ Billing Zip _____

Own _____ **Rent _____

**If Renting: Landlord Name & Phone Number _____

Landlord Address _____

Spouse (Other Name On Account) _____

Spouse Contact # _____ SS# _____ Spouse Drivers License# _____

Have You or Your Spouse Had Service with Us Before? _____ Previous # _____

Employer: _____ Work # _____

Next of Kin (Not Living with You) _____ Contact # _____

Has there been service at this address before? Yes ___ No ___ If no, is electric run to the house? Y ___ N ___

Where is your electric meter located? Side of the house ___ On a pole ___ Other ___ How far from the house? ___

Do jacks need to be installed? Yes ___ No ___ If yes, how many: _____

Subdivision: _____ Lot #: _____ House type/color _____

Long Distance Carrier (optional): _____ (BIT Long Distance Rate is 9.9¢ a minute)

■ Unlimited Long Distance with Caller ID/Call Waiting: \$49.95 + tax/mo _____

*(This is a 1 yr Contract) * Available to residential service only

Telephone Number: _____ Published ___ Non-Published**(\$1.25/mo) ___ Non-Listed**(\$1.25/mo) ___

**If Non-Published, your name and number will not show up on Caller ID

Inside Wire Maintenance Plan: \$3.99/mo (Residential Only) (requires pre-inspection of house wiring) Yes ___ No ___

~Phone Features/Blocks: _____

PAYMENT OPTIONS: eBill _____ Automatic Draft _____ Auto Credit Card Draft _____ Mail _____

Installation Charges:	Service Order	\$10.00 _____
	Line Connection	\$10.00 _____
	Premise Visit	\$30.00 _____
	Taxes	\$ _____

Security Deposit Total: _____ Date Paid: _____

I understand that my security deposit will be refunded to me after twelve (12) consecutive months of satisfactory credit without any late notices or returned checks. If a late notice, payment arrangement or return check is issued against my account I understand that the twelve (12) month period will start again from that date.

Initial _____

***If requesting eBilling, Please complete the following:**

Username: _____

Password: _____

Email: _____

CPNI: Opt-Out _____

CPNI is a communications industry abbreviation that stands for Customer Proprietary Network Information. CPNI refers to your telephone service, including the charges on your bill, the services you subscribe to, and your usage data and calling patterns. In short, it is your private information about your communication services.

The Federal Communications Commission (FCC) has mandated CPNI ‘must comply’ rules for all telecommunications companies. The rules are designed to safeguard your information from anyone who is not authorized to have access to your account.

1. Each time you call BIT to speak with a customer service representative regarding your account, we will be required to ask for your secure password. If you cannot remember the password, we are required to ask a verification question, and you will be required to provide an appropriate answer to the question to ensure we are speaking with an authorized contact on your account.

2. Once authorization has been established, we can discuss information about specific calls that you have made after you provide the date of call, length of call and call destination. If you are unable to provide specific details, we can send a copy of this information to the account address on record.

3. If you stop by any BIT office to make account inquiries, you may be required to show personal photo identification before we can discuss or release any account information.

4. You may add up to four authorized contacts. In order to protect your information, only these authorized contacts will be allowed to make inquiries or changes to your account. Inquiries or requests from other parties, including those of a spouse, cannot be honored if they are not an authorized contact or listed on the account. If you are uncertain who is an authorized contact on your account, please contact your local office for clarification.

Security CPNI Password: _____

Security Questions: (please choose ONE)

1. What city were you born? _____

2. What is your favorite color? _____

3. What kind was your first car? _____

4. What was the name of your first pet? _____

5. What was the name of the high school you attended? _____

Authorized Contacts:

1. _____ **2.** _____

3. _____ **4.** _____

Customer Signature: _____ **Date:** _____
(if signing electronically, please see “E-Sign Consent page 3)

Customer Service Representative: _____ **Date:** _____

Buggs Island Telephone Cooperative is an equal opportunity provider and employer.

E-Sign Consent

CONSENT AND NOTICE REGARDING ELECTRONIC SIGNATURE AGREEMENT FOR BUGGS ISLAND TELEPHONE COOPERATIVE (BIT)

1. Electronic Signature Agreement.

By typing your name or placing your electronic signature on the "Signature" line, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement. By typing your name or placing your electronic signature on the "Signature" line you consent to be legally bound by this Agreement's terms and conditions. You further agree that your use of a key pad, mouse or other device to select an item, button, icon or similar act/action, typing your name or placing your electronic signature on the "Signature" line or to otherwise provide Buggs Island Telephone Cooperative instructions in accessing or making any transaction regarding any agreement, acknowledgement, consent terms, disclosures or conditions constitutes your signature (hereafter referred to as "E-Signature"), acceptance and agreement as if actually signed by you in writing. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature and that the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature or any resulting contract between you and Buggs Island Telephone Cooperative. You also represent that you are authorized to enter into this Agreement for all persons who own or are authorized to access any of your accounts and that such persons will be bound by the terms of this Agreement

2. Paper version of Electronic Communications.

You may request a paper version of an Electronic Communication. You acknowledge that Buggs Island Telephone Cooperative reserves the right to charge you a reasonable fee for the production and mailing of paper versions of Electronic Communications. To request a paper copy of an Electronic Communication contact us at (434) 636-2274.

By placing your initials, you acknowledge that you have read the terms of the E-Sign Consent _____