

# LMPC APPLICATION FOR COMMUNICATION SERVICES

INTERNAL USE ONLY

Account #

Date of Service

Applicant Information

Name of Applicant \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Contact Phone \_\_\_\_\_ Employer \_\_\_\_\_ Photo ID Attached \_\_\_\_\_  
 Name of Co-Applicant \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Contact Phone \_\_\_\_\_ Employer \_\_\_\_\_ Photo ID Attached \_\_\_\_\_  
 Service Location \_\_\_\_\_  
 Billing Address \_\_\_\_\_

Other Authorized Individuals

LMPC will not release your account information to any party other than named account holders, landlords, as required/allowed by law and other individuals authorized by you as noted below. Please note that authorized individuals may make account inquiries, receive balances and make payments on your account, but are not legal account holders and may not make changes or be held responsible for past due balances.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact Phone \_\_\_\_\_

Internet Service

<input type="checkbox"/> 200 Mbps Fiber	\$58.00	<input type="checkbox"/> 1000 Mbps Fiber	\$ 118.00
<input type="checkbox"/> 400 Mbps Fiber	\$68.00	<input type="checkbox"/> Managed Gateway	INCLUDED
<input type="checkbox"/> 800 Mbps Fiber	\$88.00	<input type="checkbox"/> Mesh Wi-Fi Unit	\$10.00
Deposit Required _____		Deposit Paid _____	

Telephone Service

<input type="checkbox"/> Residential Line	\$10.00	<input type="checkbox"/> Unlimited Long Distance	\$15.00
<input type="checkbox"/> Business Line	\$25.00	<input type="checkbox"/> Unlimited Long Distance	\$25.00
<input type="checkbox"/> Toll Restriction	\$ 3.00	<input type="checkbox"/> Unlisted Phone Number	\$ 1.50
Required Fees:	E911 \$1.00	Subscriber Line Charge	\$5.00

Optional Services: (No Charge)

<input type="checkbox"/> Call Transfer	<input type="checkbox"/> Call Forwarding	<input type="checkbox"/> Three Way Calling	<input type="checkbox"/> Call Waiting
<input type="checkbox"/> Caller ID	<input type="checkbox"/> Caller ID/Call Waiting	<input type="checkbox"/> Caller ID Blocking	<input type="checkbox"/> Voice Mail
<input type="checkbox"/> Speed Dial	<input type="checkbox"/> 900 Number Block		

Deposit Required \_\_\_\_\_ Deposit Paid \_\_\_\_\_

I hereby apply for the requested communications services to be delivered to the service location listed above pursuant to LMPC Terms of Services. My signature below signifies my agreement to pay each monthly bill in a timely manner and I understand LMPC can and will exercise their rights under the laws of Iowa to collect any unpaid fees due to LMPC.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Terms of Service

A deposit equal to one month of the base charges for selected services may be required prior to acceptance of your application for service. This deposit will be held on your account for a 12-month period, at which time your account payment history will be evaluated. If your account has not had any late fees, insufficient funds, and/or non-pay disconnects during this period, your deposit will be applied back to your account as a credit. Deposits will be held on accounts with unsatisfactory payment histories until such time a 12-month period is reached with a good payment history. In the event services are terminated prior to the return of your deposit, the deposit will be held on the account until the final bill is processed and will be applied to the balance due. Any deposit that remains on a disconnected account will be returned by check to the last known address on file within 30 days of the final billing processing date.

The above referenced deposit is intended to guarantee payment of bills and is required for each service connection. An additional deposit may be subsequently required if the deposit is found insufficient and the account becomes marked by untimely payments.

I understand and accept the terms of deposit as presented to me above.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

Communications Services bills are generated on or about the 15th of every month and are due the 5th of the following month. Accounts with an outstanding balance after the due date will be assessed a penalty on the outstanding balance, in addition to a \$5.00 late notice fee. Accounts that remain unpaid 12 days after the postmarked date of the late notice shall be issued a disconnect notice delivered by our technicians to the service location at a cost of \$15.00. Such notification shall state the amount required to avoid disconnection, as well as the date and time disconnection shall take place. LMPC is not required to extend this period for any reason, and does not accept payment agreements on Communications services. Accounts that remain unpaid as of the date/time listed on the disconnect notice shall be disconnected with no further notification. Customers that have been disconnected for non-payment will be required to pay the entire balance on their account, whether past due or not, as well as a reconnect fee per service prior to services being restored.

I understand and accept the terms of billing as presented to me above.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

LMPC is committed to protecting the privacy and security of our customers' personal information and we comply with federal laws regarding the protection of customer proprietary network information (CPNI). Before your account information can be disclosed to any person, the identity of the requesting party must be confirmed by one of the following:

\*Password: \_\_\_\_\_

\*Security Question: (answer only ONE of the following)

Mother's Maiden Name \_\_\_\_\_

Pet's Name \_\_\_\_\_

Street I lived on as a child \_\_\_\_\_

\*Photo Identification

I authorize that I have completed this form for use with my communications account with LMPC. I understand that I may be required to provide my password in order to discuss my account by phone, and that my password may be required by my Other Authorized Individuals before information on my account can be disclosed.

Printed Name Applicant \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name Co-Applicant \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_