

SIREN TELEPHONE BUSINESS SERVICE APPLICATION

PO BOX 426, SIREN, WI 54872

Telephone: 715-349-2224 Fax: 715-349-2576

Email: sirentel@sirentel.net Website: www.sirentel.com

Phone#: _____

LF: _____

CP: _____

Ped: _____

DATE SERVICE DESIRED _____

Name of Business _____

Owner/President _____ FEIN/SSN _____

Corporation Partnership Proprietorship Government

Wisconsin State Tax Exempt? no yes, if so must attach exemption certificate

Street Address _____ City _____ Zip _____

Billing Address _____ City _____ State _____ Zip _____

Residential Address & phone numbers of principal owner or partners

Name _____ Address _____

City _____ State _____ Zip _____

Contact Telephone Number (_____) _____

Current Cell Phone Number (_____) _____

Directory Listing

<input type="checkbox"/> Print listing for directory	_____	No charge
<input type="checkbox"/> Additional listing	_____	\$2.00/month
<input type="checkbox"/> Unlisted (Not printed but available through directory assistance)	_____	\$1.00/month
<input type="checkbox"/> Unpublished (Not printed or available through directory assistance)	_____	\$2.00/month

Local Telephone Service

Installation is \$67.00 per line Plus 1st month local service \$34.00 in advance (Total \$101.00)

Extended Community Calling (ECC) is billed at \$.05/minute

Select additional services

<input type="checkbox"/> Caller I.D/Number & Name	\$4.75	<input type="checkbox"/> Caller I.D. Number`	\$2.50
<input type="checkbox"/> Caller I.D/Num	\$1.25	<input type="checkbox"/> Caller I.D. Name & Number	\$4.75
<input type="checkbox"/> Call Forwarding	\$1.25	<input type="checkbox"/> Caller I.D. Number/Call Waiting	\$3.50
<input type="checkbox"/> Busy Call Forwarding	\$1.25	<input type="checkbox"/> Caller I.D. Name & Number/Call Waiting	\$5.75
<input type="checkbox"/> 3 Way Calling	\$1.25	<input type="checkbox"/> Selective Call Acceptance	\$1.50
<input type="checkbox"/> Automatic Payment	No charge	<input type="checkbox"/> Selective Call Rejection	\$1.50
<input type="checkbox"/> Rollover	No charge	<input type="checkbox"/> Voice Mail/Basic	\$2.50
		<input type="checkbox"/> Voice Mail/Enhanced	\$3.50
		<input type="checkbox"/> Additional Lines (Same cost as first)	

Calling Exceptions

<input type="checkbox"/> No long distance	<input type="checkbox"/> Third party call block
<input type="checkbox"/> ECC calling only	<input type="checkbox"/> Collect call block
<input type="checkbox"/> 900 block	<input type="checkbox"/> Pic Freeze

Long Distance

Interlata Long Distance Carrier

Siren Communications
 AT&T
 MCI
 US Sprint
 Other

Intralata Long Distance Carrier

Siren Communications
 AT&T
 MCI
 US Sprint
 Other

Notification upon application for service:

The Public service Commission of Wisconsin's Administration code Chapter 165.052(5), states:

"A utility shall not disconnect any RESIDENTIAL service without notifying the County Department of Health and Social Services at least 5 calendar days prior to the scheduled disconnection IF THE CUSTOMER OR A RESPONSIBLE PERSON HAS MADE A WRITTEN REQUEST FOR THIS PROCEDURE TO THE UTILITY." We are required to inform you of this right.

In making this application the undersigned agrees to the rules and regulations of Siren Telephone Company, Inc. Set forth in the Telecom tariff, and to any general changes in rules, or rates for the service furnished under this application. This application becomes a contract when accepted in writing by Siren telephone Company, Inc. If applicant/s credit rating is found to be not satisfactory a cash deposit will be required.

I certify that all the information provided is correct to the best of my knowledge and that any false statement provided is grounds for Siren Telephone to discontinue telephone service.

Signature Applicant _____ Date _____

Signature Co-Applicant _____ Date _____

Important Message About Your Customer Proprietary Network Information (CPNI)

The protection of your account information has always been very important to us, so has the opportunity to provide you with excellent customer service.

In order to continue providing you with this level of service, we ask that you read the following information carefully, as the Federal communication Commission (FCC) is imposing new rules on all telecommunications providers.

These rules will require that we obtain verification from you before we can provide you any information on your billing account. The following new rules will take affect this fall:

- Customers requesting information in person will be required to provide a photo ID
- Customers requesting information over the phone will be required to provide us with the account password (see below for establishing a password for your account). If a password is forgotten the customer will have established a "verification question" and "answer" that will allow us to provide or reset the forgotten password.

Customers not able to provide the required verifications above, will only be allowed to receive their account information through the mail. The information may only be sent to the address on the customer account.

Also at this time we are encouraging our customers to make any name changes to their account access easier for those who need to inquire about the account. For example, adding the other spouse's name if the account is listed in only one spouse's name. For this process our company will waive the one time charge that is normally charged for name changes.

Please complete the information below and submit with your payment!
Thank you!

(cut on the dotted line and return the portion below)

.....
Account Name (as it appears on the bill): _____

Additional name (s) to add to the Account: _____

Relationship to Account Holder: _____

Account Number: _____
(Appears in upper right hand corner of your bill. Example: 080- 0001234-0001)

**Select a Password: _____ (12 Character Maximum)
(NOTE: if you are a business account please provide this information to the person (s) within your company that require access to your account information)

**Check only ONE verification question and provide the answer:

___ In what state/province was your mother born? Answer: _____

___ In what state/province was your father born? Answer: _____

___ What is your mother's zodiac sign? Answer: _____

___ What is your favorite holiday? Answer: _____

___ What is your favorite pet's name? Answer: _____

Customers Signature: _____