

West River Telecommunications Cooperative

PO Box 467
Hazen, ND
701-748-2211
www.westriv.com

Application for Membership and Telephone Service Business Application

A.

(Please fill out in full)

Business Name: _____

Contact Name: _____ Phone Number: _____

Social Security Number: _____ Federal ID Number: _____

Street Address: _____

Billing Address, if different then above: _____

Permanent Mailing Address: _____

Directory Listing Information:

Do you want your number published in the telephone directory? Yes No (\$1.00/Month for non-published number)

List in Directory as: _____

Directory Address: _____

Extra Directory Listing (\$1.00/Month): Yes No

If yes, list extra directory listing as: _____

B.

Business's Previous Telephone Company: _____ Date Disc. _____

Business's Previous Address: _____ Phone Number: _____

C.

Please verify that the above business is correctly listed and is:

Sole Proprietorship Corporation Partnership Cooperative Government Entity

Other _____

Tax Exempt: Yes (If Yes, please provide copy of Exemption Certificate) No

The following person or persons is the legal representative of the above listed business:

Name: _____ Address: _____

Title: _____ Phone Number: _____

Cell Phone Number: _____

The undersigned (hereinafter called the "Applicant") hereby applies for membership and agrees to take the above service from West River Telecommunications coop., organized under the laws of the State of North Dakota for the purpose of furnishing telephone service. The applicant agrees to the rules, regulations, and rates of the telephone company as set forth in the exchange tariff. This application becomes a contract when accepted in writing by the telephone company.

The applicant will grant the telephone company a right-of-way contract or easement to construct, operate, and maintain a line or system above or under the land owned by applicant and in or upon all streets, roads, or highways abutting said land.

The applicant will comply with and be bound by the provisions of the Articles of Incorporation and by-laws of the Cooperative and such rules and regulations as may from time to time be adopted.

Business Signature: _____ **Date:** _____

Name Change Only:

Previous Owner's Name: _____

Signature: _____ Date: _____

CSR Initials _____

For Office Use Only:

Service Order No. _____ Credit Rating: _____ S.C.C. \$ _____

Telephone No. _____ NSF: Yes No Adv. Pymnt \$ _____

Member No. _____ Min. No. _____ Crd. Deposit \$ _____

Customer Number: _____ Account Number: _____

CPNI: Mailed Date: _____ Received Date: _____ Total \$ _____

Tax Exemption Certificate: Received Date: _____

Approved _____

Print

Submit