



GROUP BILLING REQUEST

I, _____, request Hill Country Telephone Cooperative, Inc. to group bill the following telephone numbers:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

All of the above telephone numbers are to be billed to telephone number _____.

IN THE EVENT I FAIL TO PAY MY TELEPHONE BILL WHEN DUE, I UNDERSTAND THAT ALL OF THE ABOVE TELEPHONE NUMBERS WILL BE DISCONNECTED WITHOUT FURTHER NOTICE.

Member's Signature

Date

HILL COUNTRY TELEPHONE COOPERATIVE, INC.
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