



Instructions for Completing Membership Application

1. Signature(s) of applicant(s) must match the membership name at the top of Application.
2. Social security number(s) of applicant(s).
3. Driver license number(s) of applicant(s).
4. Contact number where we can reach you between 8 a.m. and 5 p.m., Monday through Friday, or leave a message for you.
5. If you are assuming responsibility for existing service, you must sign the statement that you are assuming all indebtedness on the existing service. APPLICATIONS WILL BE RETURNED IF THIS IS NOT DONE.
6. Print on the directory listing and address lines the exact name(s) and address you wish to appear in the telephone directory and in directory assistance. Please indicate if you do not want the telephone number published.
7. \$ 50.00 Installation Charge OR \$ 75.00 Installation Charge (if premise visit is required)
3.13 State Sales Tax 4.69 State Sales Tax
\$ 53.13 \$ 79.69

The following sales tax will be applied to installations in Kendall and Gillespie Counties:

\$50.00 = \$0.25

\$75.00 = \$0.38

THESE CHARGES ARE NOT REFUNDABLE ONCE SERVICE IS CONNECTED.

8. We will install jacks and wiring if requested by you. Charges are:
 - Wire: \$ 0.18 per ft
 - Jacks: \$6.00 each
 - Labor: \$95.00 per hr (minimum charge 1/2 hr)
9. Your first telephone bill will include Local Service from the date service is connected in addition to the following month's Local Service; installation charges for service and/or jacks and wiring not paid in advance; and taxes and long distance calls.

A "COMPLETE" APPLICATION WILL ENSURE THAT YOUR REQUEST FOR SERVICE WILL BE PROCESSED WITHOUT DELAY.

If you have any questions or problems completing this application, please call our Business Office at 830-367-5333 or 1-800-292-5457.



Membership & Service Application

The undersigned hereby applies for membership and service with Hill Country Telephone Cooperative, Inc. (HCTC), a corporation organized under the laws of the State of Texas for the purpose of telephone service. A deposit may be required if Applicant's credit rating is not satisfactory. When telephone service becomes available, the Applicant will take service to be used on the premises described below within 30 days from date service is made available by the Cooperative to the Applicant and in accordance with the Cooperative's Bylaws and rules and regulations established by State and Federal agencies.

MEMBERSHIP

Name _____ SS No. _____ DL No. _____

Spouse (if joint) _____ SS No. _____ DL No. _____

Type of Service Residential Business If Business – Employer ID No. _____

Mailing Address _____ City _____ State _____ Zip _____

Contact Number: _____ E-mail: _____

Business Organizations: Please complete an authorization form listing anyone you wish to have access to information and/or request changes to your account.

LOCATION OF PROPERTY

County _____ School District _____ Subdv _____ Lot _____ Blk _____

Landowner _____ 911 Address _____

Location (Directions) _____

Name of: Closest Neighbor(s): _____ Previous Resident: _____

Gates locked? **Yes No** If yes, may we install our lock? **Yes No** If no, gate combination _____

Is this a new home? **Yes No** Has there been service at this location? **Yes No** Is this a mobile home? **Yes No**

If yes, has this mobile home had service before at this location? **Yes No**

Do you want us to install wire/jacks? **Yes No** Labor/material charges may apply. These charges will appear on your telephone bill.

DIRECTORY INFORMATION

Name _____ Address _____ City _____

Extra Listing(s) _____

Yellow Page Classification if Business _____

DO YOU WANT 900/976 CALLS BLOCKED? **Yes No** There will be a charge to add or remove feature after 60 days.

HAVE YOU EVER HAD SERVICE WITH HCTC? **Yes No**

ACCOUNT SECURITY

Security Question:

Answer: _____ 4 Digit PIN: _____

Member's Consent for Unclaimed Funds

I hereby request that any funds under my telephone cooperative membership name and/or account, that become unclaimed, shall be donated to HCTC's Rural Scholarship Fund. _____ (Initial Here)

Signature of Applicant _____ Date _____ Signature of Spouse (if joint) _____ Date _____

SIGNATURE MUST MATCH MEMBERSHIP NAME

OFFICE USE ONLY

ATTACHMENTS

Worksheet _____ BNA, if NP/NL _____ Telephone No.(s) _____

Equal Access _____ Aid to Construction _____ Service Order No. _____

Directory _____ (new service) Service Charges \$ _____

Easement _____ Sales Tax \$ _____

(new service) Gillespie/Kendall County Tax \$ _____

Date Rec'd _____ Time _____ By _____ TOTAL PAID \$ _____

Membership Number _____



Worksheet

LEASED PUSHBUTTON TELEPHONE

Standard Desk (_____ Qty)	Standard Wall (_____ Qty)	Residence	Business	Monthly Charge
		2.50	2.50	\$ _____
Trendline Desk (_____ Qty)	Trendline Wall (_____ Qty)	3.00	3.00	_____
Delivery Charge (\$25.00 Premise Visit):		Yes	No	

Call Forwarding	INCLUDED	YES		NO
Call Forwarding / Busy	INCLUDED	YES		NO
Call Forwarding / No Answer	INCLUDED	YES		NO
Call Waiting	INCLUDED	YES		NO
Caller ID w/ Name & Number Delivery*	INCLUDED	YES		NO

SPECIAL CALLING FEATURES

Any 2 Special Calling Features	3.00	4.25	_____
Any 3 Special Calling Features	4.25	5.50	_____
Call Waiting with Cancel Call Waiting	3.00	3.50	_____
Speed Dialing – 8 Numbers	2.00	3.00	_____
Three-Way Calling	2.00	3.00	_____

PREMIUM CALLING FEATURES

Any 2 Premium Calling Features	3.50	3.50	_____
Any 3 Premium Calling Features	4.50	4.50	_____
Any 4 Premium Calling Features	5.50	5.50	_____
Automatic Call Back	2.50	2.50	_____
Automatic Recall	2.50	2.50	_____
Distinctive Ringing	2.50	2.50	_____
Selective Call Acceptance	2.50	2.50	_____
Selective Call Rejection	2.50	2.50	_____
Selective Call Forwarding	2.50	2.50	_____
Remote Access to Call Forwarding PIN # _____	1.00	1.00	_____

Toll Denial	1.75	2.25	_____
Speed Dialing – 30 Numbers	2.75	3.75	_____
Teen Service	4.00	4.00	_____
Call Waiting with Caller ID	4.50	4.50	_____
Anonymous Call Rejection			
Ordered with Caller ID	.50	.50	_____
Ordered without Caller ID	1.00	1.00	_____
Customer Originated Trace	\$8.00 for each successful trace activation		
Voice Mail**			
10 – 1 Minute Messages	2.95	2.95	_____
30 – 2 Minute Messages	7.00	7.00	_____
Announcement Only – 1 Minute Message	2.00	2.00	_____
Telemarketer Call Screening	No Charge	No Charge	_____
Do Not Disturb with Override Code (Not Compatible with Voice Mail)	2.00	2.00	_____

Total Monthly Charge for additional feature(s) \$ _____

*Customer Supplied Equipment Required. **Call Forwarding, Busy & Call Forwarding & No Answer Required.

Inside Wire Maintenance (see attached agreement)	2.95	N/A	_____
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Total: \$ _____

REMARKS: _____

Signature of Applicant _____ Date _____ Signature of Spouse (if joint) _____ Date _____

OFFICE USE ONLY

Line Access Charge (634 Exchange)	22.25	25.00	\$ _____
Line Access Charge (All Other Exchanges)	22.25	24.00	\$ _____
Non-Published or Unlisted Numbers	0.50	0.50	\$ _____
Extra Directory Listings (each)	0.50	0.50	\$ _____
FCC Charge – Res/Bus Single Line	6.50	6.50	\$ _____
FCC Charge – Multi-Line Business		9.20	\$ _____
911 Fee			\$ _____
911 Equalization Surcharge	0.06	0.06	\$ _____
Calling Features _____			\$ _____
Access Recovery Charge – Single-Line Business		3.00	\$ _____
Access Recovery Charge – Multi-Line Business		3.00	\$ _____

TOTAL MONTHLY RECURRING CHARGES (does not include taxes or long distance) \$ _____

INSTALLATION CHARGES (non-recurring)		
	Service Order	\$20.00
	Central Office	10.00
	Line Access Connection	20.00
	Premise Visit	25.00
	TOTAL INSTALLATION CHARGES	\$ _____
	SALES TAX	\$ _____
	GILLESPIE/KENDALL COUNTY TAX	\$ _____
	TOTAL DUE WITH APPLICATION	\$ _____



Inside Wire Maintenance Agreement

1 Year Term

Hill Country Telephone Cooperative, Inc. hereinafter "HCTC" or agrees to provide and Customer or "Lessee" agrees to accept the Service Maintenance Agreement at the address specified below. The services provided will be billed at the monthly rate specified. The terms and conditions governing the provision of the services by HCTC are set forth below.

The Inside Wire (ISW) Maintenance Plan provides parts and labor coverage on-site. HCTC will repair or replace all parts or equipment, including labor, for standard telephone wiring and phone outlets inside your home. In order to qualify for the ISW Maintenance Plan, the inside wire and phone outlets must be installed by HCTC personnel (with no subsequent modifications) or pass an inspection (subject to an Inspection Fee). Should the inside wire and equipment not meet acceptable standards, the customer may elect to have any deficiencies corrected on a time and material basis. When HCTC is notified by the customer of service problems, HCTC technicians will identify the problem. If the problem is covered by the ISW Maintenance Plan, HCTC will repair or correct the problem in a reasonable manner. The Customer acknowledges that HCTC may reroute wire along baseboards and other locations to avoid replacement or repair of drywall, plaster or other materials and to avoid unnecessary work.

Inside Wire (ISW) is defined as the wires that run from the demarcation point (usually a small box on the outside of the home) up to and including the telephone jacks inside the home. ISW does not include complex wires or wires that are connected to telephones or other equipment.

Exclusions

- Repair or replacement of the wire connecting the telephone or other equipment to the telephone jack.
- Rewiring after a home is destroyed or damaged by fire, flood, earthquake, Act of God, vandalism, gross negligence or willful damage.
- Initial installation of service and the installation of new jacks, new wiring or rewiring. These services will be performed at our regular installation and service rates.
- Wiring that runs between or among separate buildings, apartments or dwelling in a multi-tenant property. If customer resides in a multi-tenant building, campus or military housing, we suggest they discuss inside wire repair responsibility with the manager or owner.
- Repair or replacement of any inside telephone wire and telephone jacks not installed or existing in accordance with accepted industry standards as determined by HCTC.
- Repair or replacement of telephones or answering machines.
- Repairs or maintenance of inside wiring resulting from damages caused by negligence or willful intent by the customer.
- Inside Wiring Maintenance is available for phone only.

Terms

Monthly charges (billed one month in advance on the Customer's telephone bill) are based on the assumption that you will remain a Customer for the term of the Agreement. Cancellation of the Agreement prior to the Term Date may result in the remaining months of the contractual period being billed in full to the Customer.

At the end of the Term Date, this service will automatically be extended and billed on a month-to-month basis, at the then current monthly rate as determined by HCTC, unless cancelled by either party prior to the Term Date. At the end of the Term Date, the Customer may terminate the contract at any time. Upon cancellation, the pro-rata portion of any advance payments will be credited or refunded. Any taxes now or hereafter imposed upon the furnishing of the service and/or materials furnished under this Agreement, or on amounts received under this Agreement, shall be paid by Customer.

This Agreement will automatically become null and void, without further penalty to either party, if service becomes permanently disconnected.

HCTC may immediately, and without notice, suspend or discontinue this service if any misuse or abuse of the service occurs or if a hazard or danger to person or property exists which would prevent HCTC technicians from performing the work in a safe manner.

HCTC shall not be liable for any injuries to persons or property arising out of installations, maintenance or repairs performed in connection with this Agreement, nor shall HCTC be liable for any other damages including, but not limited to, indirect, incidental, special or consequential damages, arising from the Customer's use of or inability to use such equipment or products.

Agreement Effective Date: ____/____/____
Mo Day Yr

Agreement Term Date: ____/____/____
Mo Day Yr

PHYSICAL ADDRESS

Name: _____

Physical Address: _____

City/State/Zip: _____

BILLING ADDRESS

Name: _____

Mailing Address: _____

City/State/Zip: _____

ACCEPTED BY

Customer Signature: _____

Printed Name: _____

HCTC Telephone No. _____

Date: _____