

MONITOR

TELECOM

MEMBER APPLICATION

Applicant Name: _____
First Last

Service Location: _____

Mailing Address - (if different) _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Cell/Contact Number: _____

Email: _____ @ _____

Want to receive your statement via email? _____ Yes _____ No

Sign me up for Auto Pay? Due by the 15th _____ Yes _____ No Date to pull: _____

Authorized Account Users

Authorized User: _____

Authorized User: _____

**** Please establish a password for your account to ensure your privacy and protection ****
Anyone doing business on this account (such as a payment) will need this password

Account Password: _____

Secret Question: (please choose one)

1. Favorite Color? 2. First Car? 3. High School Mascot? 4. Pets Name?

Secret Question # and Answer: _____

We are committed to providing accessible services to our customers.

In accordance with FCC, are there any individuals in the household/dwelling who have a disability, impairment, or special need that may inhibit access to any of our services? ___ NO ___ YES (please indicate below)

___ Blind ___ Visual Impairment ___ Deaf ___ Hearing Impairment ___ Physical/Other - _____

We offer a variety of ways to assist and will provide additional information upon request.

COMPANY POLICY AGREEMENT:

I acknowledge that I have received a copy of Monitor Telecom Policies on credit, deposits, deposit refunds, customer responsibility, new service toll limits, premise visit charges, past due accounts, check policy, confirmations, application of business rates, Monitor Telecom Company Bylaws, Statement of non-discrimination, 900 Service customer rights and responsibilities for Oregon utility consumers.

I have carefully read and understand the policies listed above.

Member Signature _____ Date _____