

HAXTUN TELEPHONE COMPANY

125 E. FLETCHER STREET

P O BOX 25

HAXTUN, CO 80731-0025

TELEPHONE NUMBER: 970-774-7611

FAX NUMBER: 970-774-4505

APPLICANT'S NAME: _____

DIRECTORY LISTING: _____ NON-PUBLISHED: _____

BILLING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHYSICAL 911 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SPOUSE'S NAME: _____ MESSAGE NUMBER: _____

TYPE OF SERVICE: BUSINESS: _____ RESIDENCE: _____

SERVICE FEATURES:

CALL WAITING (\$1.00 per mo.): _____ CALL FORWARDING (\$1.00 per mo.): _____

3-WAY CALLING (\$1.00 per mo.): _____ CALLER-ID (\$2.00 per mo.): _____ LAST CALL RETURN (\$2.00 per mo.): _____

ANONYMOUS CALL REJECTION (\$2.00 per mo.): _____ SELECTIVE CALL REJECTION (\$2.00 per mo.): _____

BLOCK 900: _____ BLOCK COLLECT: _____ BLOCK 3rd PARTY: _____ CARRIER PIC FREEZE _____

DO YOU WANT YOUR NON-PUBLISHED NUMBER BLOCKED IN THE SWITCH? YES: _____ NO: _____

THE LONG DISTANCE CARRIER YOU CHOOSE WILL AUTOMATICALLY BE ACCESSED BY DIALING "1 +" THE TELEPHONE NUMBER. NEW CUSTOMERS WILL NOT BE CHARGED FOR THEIR FIRST SELECTION. A CHARGE FOR INTERLATA ONLY CHANGE WILL BE \$5.50 + \$.46; INTRALATA CHANGE WILL BE \$5.00; CHANGING BOTH LATA'S WILL BE \$2.75 + \$5.00 +\$.46 Surcharge.

CREDIT INFORMATION

PREVIOUS ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PREVIOUS PHONE NUMBER: _____ DATE DISCONNECTED: _____

PRESENTLY EMPLOYED AT: _____ SPOUSE: _____

CREDIT REFERENCE	ADDRESS	ACCOUNT	TELEPHONE
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IN MAKING THIS APPLICATION THE UNDERSIGNED AGREES TO THE RULES AND REGULATIONS OF THE TELEPHONE COMPANY AS SET FORTH IN THE EXCHANGE TARIFF AND TO ANY GENERAL CHANGES IN RULES OR RATING FOR THE SERVICE FURNISHED UNDER THIS APPLICATION. THIS APPLICATION BECOMES A CONTRACT WHEN ACCEPTED IN WRITING BY THE TELEPHONE COMPANY.

APPLICANT'S SIGNATURE: _____ DATE: _____

**Customer Proprietary Network Information (CPNI)
Password and "Shared Secret" Selection Form**

CPNI Password Selection Guidelines:

Passwords should be designed in a manner that is privately significant and memorable to the customer (e.g., "pirates1971," "1836alamo," "\$beatles4"). However, passwords may NOT be based upon readily obtainable biographical information (e.g., the customer's name, mother's maiden name, social security number or date of birth) or account information (e.g., the customer's telephone number, address, account number, or amount of last bill).

Password replacement procedures:

The Company will permit replacement of the original password (and a back-up customer authentication method if the customer loses or forgets his or her password) for existing customers desiring another password pursuant to the following procedure:

(i) if they come in person to the Company's business office, produce a driver's license, passport or other government-issued identification verifying their identity, and correctly answer certain questions regarding their service and address; or (ii) if they call a specified Company telephone number from their "telephone number of record" and then wait at that number until a Company employee calls them back and obtains correct answers to certain questions regarding their service and address; or (iii) if they ask the Company to send a randomly-generated Personal Identification Number ("PIN") to their "telephone number of record" by either voice or voicemail or mail it to their "address of record", and then call the Company back and provide the correct PIN.

CPNI PASSWORD: _____

SHARED SECRET QUESTIONS

1. What is your favorite color? _____

2. What city were you born in? _____

I (_____) understand in order to receive any CPNI data
Printed Customer Name

via the telephone I will be required to provide my pre-selected password. In the event that the pre-selected password had been lost, forgotten, or compromised, I may provide the correct answer to one of the "shared secret" questions. In the event that I cannot supply the correct password or "shared secret" answers I understand that I will be required to establish a new password, and will not receive the requested CPNI without completing this process.

Customer Signature: _____ Telephone Number: _____

Company Representative: _____ Date: _____