



RESIDENTIAL SERVICE

NEW CUSTOMER APPLICATION/CONTRACT

**SAN CARLOS APACHE
TELECOMMUNICATIONS
UTILITY, INC.**
10 Telecom Lane
P.O. Box 1000
Peridot, AZ 85542
(928) 475-2433
Fax (928) 475-7076
www.scatui.net

PHONE	NEW PHONE #: (928) 475-	ADDITIONAL LINE	CABLE TV	DIAL-UP	PAGING	CSR:	DATE:
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CUSTOMER INFORMATION

FULL NAME/ACCOUNT HOLDER:				MAILING/BILLING ADDRESS:			
SOCIAL SECURITY #:			BIRTH DATE:		PHYSICAL ADDRESS:		
SECOND NAME (JOINT ACCT):				CITY/STATE/ZIP CODE:		DISTRICT:	
SOCIAL SECURITY #:			BIRTH DATE:		MAIN PHONE/BILLING #:		WORK PHONE #:
AMERICAN INDIAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	HISPANIC OR LATINO	AFRICAN AMERICAN	WHITE			
SPECIAL NEEDS:				HOME OWNER IF DIFFERENT FROM ACCOUNT HOLDER:			
				NEAREST NEIGHBOR:			

TELEPHONE SERVICE INFORMATION

TELEPHONE DIRECTORY INFORMATION

HAVE YOU HAD PHONE SERVICE WITH SCATUI?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NON-PUB - \$1.50/MO	<input type="checkbox"/> NON-LISTED - \$1.00/MO	<input type="checkbox"/> PUBLISHED
IF YES, PREVIOUS PHONE #:	UNDER WHAT NAME:			NAME AND LISTED ADDRESS (if computer line do not submit address):		
HAS THIS HOME HAD PHONE SERVICE BEFORE?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> ADDITIONAL LISTING - \$1.00/MO		
Please complete a Service Line Agreement Form						

TELEPHONE OPTIONS

PREVIOUS RESIDENTS:		<input type="checkbox"/> 900 # AND INTERNATIONAL CALLING BLOCK	<input type="checkbox"/> TOLL/COLLECT BLOCK
		<input type="checkbox"/> WIRE MAINTENANCE PLAN \$ 1.86/MONTH	<input type="checkbox"/> THIRD PARTY BLOCK

CABLE TV SERVICE INFORMATION

TELEPHONE DEPOSIT REQUIREMENT

HAVE YOU HAD CABLE TV SERVICE WITH SCATUI?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	New SCATUI Telephone Customers are subject to a \$100.00 deposit in order to establish a credit history. Deposits will be retained for a period of 12 months. The required deposit can be waived if you agree to add a long distance toll block and a collect and third party billing block on your telephone service for one year.		
IF YES, WHEN DID YOU LAST HAVE SERVICE:	UNDER WHAT NAME:			WAIVE DEPOSIT AND BLOCK LONG DISTANCE, COLLECT, AND THIRD PARTY BILLING FOR ONE YEAR?		
HAS THIS HOME HAD CABLE TV SERVICE BEFORE?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
IS THE COAX CABLE AND OUTLETS STILL IN PLACE?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	DEPOSIT SUBMITTED TO OPEN LONG DISTANCE, COLLECT, AND THIRD PARTY: \$100.00		
PREVIOUS RESIDENTS:		DEPOSIT DATE:		RETAIN TO DATE:		INITIAL

DIAL-UP ACCOUNT

INSTALLATION/APPOINTMENT

USER NAME/E-MAIL ADDRESS:		PASSWORD:		# OF JACK/OUTLET TO INSTALL & LOCATIONS:		
SECOND EMAIL ADDRESS:		PASSWORD:				
PREVIOUS ACCOUNT USERNAME/E-MAIL:						
Additional E-Mails \$5.00 per account.						
Additional charges for two or more jacks/outlets						

PAGER ACCOUNT

PAGER #:		ACTIVATION DATE:		WOULD YOU LIKE TO SET UP AN APPOINTMENT FOR INSTALLATION?		
CAPCODE:		SERIAL #:		DATE:		TIME: <input type="checkbox"/> YES <input type="checkbox"/> NO
Customer acknowledges that paging communications may be interrupted at various times for a wide variety of reasons and agrees that SCATUI shall not be held liable for any interruptions of service beyond their control. Paging services available within the state of Arizona only. Limited manufacturer warranty on all pagers. All Pager sales are final.						
				DRIVING DIRECTIONS:		
				Please list directions to help our technicians locate your home.		

YOUR SERVICE IS BILLED IN ADVANCE: YOUR FIRST BILL WILL INCLUDE THE PRORATED AMOUNT OF YOUR PLAN WITH ADDITIONAL SURCHARGES, PLUS THE MONTH IN ADVANCE, AND ANY APPLICABLE INSTALLATION FEES.

SCATUI IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER. Ethnicity information collected for Federal Government Purposed only.

Authorized Signer's Signature		Second Authorized Signer's Signature	
X	Date:	X	Date:

FOR OFFICE USE ONLY

<input type="checkbox"/> LIDB	<input type="checkbox"/> SLA	<input type="checkbox"/> PLANT	<input type="checkbox"/> LD CARRIER	<input type="checkbox"/> FILE	<input type="checkbox"/> CPNI	SERVICE ORDER #: _____
<input type="checkbox"/> DIRECTORY	<input type="checkbox"/> MAP	<input type="checkbox"/> LIFELINE	<input type="checkbox"/> PIC FREEZE	<input type="checkbox"/> FOLLOW-UP	<input type="checkbox"/> MAIL OPT-OUT LETTER	DATE COMPLETED: _____

