



81 North Portage Street
Doylestown, Ohio 44230
866-658-2121

- Residential
 Business

Member Number (office use only)
Service Order Number (office use only)

Name of Applicant		New Phone Number (office use only)
Address (911 location of service)		Requested Install Date
City	State	Zip
Employer		Employer Telephone Number
Name of Other Persons Authorized on Account (Ex. Spouse)		Length of Employment
Social Security Number		
<input type="checkbox"/> Keep existing Number (Optional)	Hardware Serial Number <input type="checkbox"/> Phone <input type="checkbox"/> ATA	
Alternate Address for Billing (if different than the address above)		
City	State	Zip

Residential Telephone Service Feature Packages*	
<input type="checkbox"/> Doylestown Residential Package \$29.95	Special Offer
<ul style="list-style-type: none"> • Caller ID • Call Waiting • Voicemail 	<p>With a one year commitment we are offering a Cisco ATA for \$40, which allows you to use your own cordless or regular phone. If the service is cancelled before the one year term, you are responsible for an additional \$100 charge, or you may pay \$140 up front without a 1 year commitment.</p> <p>CSR Initials _____</p> <p><input type="checkbox"/> Published</p> <p><input type="checkbox"/> Non-Published</p>
<i>Residential packages include Heritage Long Distance (unlimited)</i>	
Business Digital Telephone Service Feature Packages*	
<input type="checkbox"/> Enhanced Business Package \$44.95	
<ul style="list-style-type: none"> • Caller ID • Call Waiting • Voicemail • Web Portal 	
<i>Unlimited long distance the first 2 months, then the Roll Back long distance plan will take effect</i>	

*Internet access(broadband) with an open ethernet port (hub or switch with DHCP) is required. Including cable modem, DSL, T-1.

Additional Equipment**	
Cable Modem	<input type="checkbox"/> Need to Purchase <input type="checkbox"/> Already own <input type="checkbox"/> Included w/package
Router	<input type="checkbox"/> Need to Purchase <input type="checkbox"/> Already own <input type="checkbox"/> Included w/package
Hub	<input type="checkbox"/> Need to Purchase <input type="checkbox"/> Already own <input type="checkbox"/> Included w/package
ATA	<input type="checkbox"/> Need to Purchase <input type="checkbox"/> Already own <input type="checkbox"/> Included w/package
Other _____	<input type="checkbox"/> Need to Purchase <input type="checkbox"/> Already own <input type="checkbox"/> Included w/package

**Please note that when you terminate your contract with Doylestown Telephone and Cable the equipment that you have received shall be returned to Doylestown Telephone and Cable or you will be invoiced for the cost of the equipment. Customer is also expected to take adequate measures to protect any owned equipment

Customer Initials _____

Easy-Pay Payment Plan

If selecting Easy-Pay Pre-Authorized Payment by bank account, please attach a voided check to this agreement (Deposit slips are not accepted).

Customer Name _____ Checking Account Savings Account (Select one)

Bank Name: _____

Bank Routing Number (9 digits): _____

Bank Account Number: _____

Authorization Signature _____ Date _____

I hereby authorized Easy On Digital Phone to charge the above indicated bank account on a monthly basis for payment of the understanding balance of the Easy On Digital Phone account appearing on this application form. In the event any charges are returned to Easy On Digital Phone by the bank account, I give Easy On Digital Phone the authority to correct the information causing such return to resubmit the charge against the bank account. In the event that Easy On Digital Phone returns any payment or portion of a payment made through this authority, I agree that such payment will only be made back by check if paid from my bank account. The authority will stay in effect until I notify Easy On Digital Phone in writing of the cancellation of this authority or the above indicated Easy On Digital Telephone account is closed and paid in full. For details on Easy-Pay visit our website www.easyon.com or stop in our office.

Service Authorization

The phone numbers listed on this application are listed in your name and/or you are authorized to request this change to your local, IntraLATA and InterLATA telephone services. You authorize Doylestown Telephone Company to change from your current IntraLATA and InterLATA telephone service to (the long distance company chosen). You understand that you may designate only one primary interexchange carrier for any one telephone number for state-to-state, in-state and international usage, and that you may designate only one primary interexchange carrier for any one telephone number for local toll calls (where applicable). You authorize Doylestown Telephone Company to switch these services, and where applicable, to unblock your carrier choice service protection to make these switches possible. You understand that you may contact Doylestown Telephone Company to determine whether a fee applies for these changes.

Authorized Signature

Date

Terms of Service Authorization

I have received and understand the Terms of Service document regarding use of Voice over IP service.

X

Authorized Signature

Date

For Office Use

Date Install Complete:

Date Billed:

Work Order Ticket #:

Additional Information:

Application taken by:

Attn: Customer Service

If this form is not signed in person, please attach printed authorization form.

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