

<input type="checkbox"/>	NEW INSTALL
<input type="checkbox"/>	REINSTALL

1-800-722-3450 or (918) 434-5392 FAX: (918) 434-6960 www.sstelco.com

Applicant Name: _____
 (Last) (First) (M.I.) DOB/Mo/Day (Social Security Number)

Co-Applicant Name: _____
 (Last) (First) (M.I.) DOB/Mo/Day (Social Security Number)

Business Name: _____
 (Federal Identification Number)

Mailing Address: _____
 (Street Address or PO Box) (Town) (State) (Zip) (Zip 4)

E911 Address: _____
 (Street Address) (Town) (State) (Zip)

LIFELINE/LINK UP AMERICA	
<input type="checkbox"/>	Linkup Credit
<input type="checkbox"/>	Authorization Form

BLOCKING FEATURES	
<input type="checkbox"/>	900
<input type="checkbox"/>	International
<input type="checkbox"/>	800
<input type="checkbox"/>	3rd Restrict
<input type="checkbox"/>	Collect Restrict
<input type="checkbox"/>	No Blocking
Features at this time	

PLEASE COMPLETE THE BACK SIDE OF THIS APPLICATION FOR DIRECTIONS TO THE SERVICE LOCATION
 (YOUR TELEPHONE SERVICE CAN NOT BE INSTALLED UNLESS PRECISE DIRECTIONS ARE PROVIDED)

Contact Telephone No's: _____
 Work Number Cell Number Relative/Neighbor's Number

Have you had previous Service with SST? _____
 If Yes, Previous Telephone Number, Name and Disconnect date _____

CALLING FEATURES	
<input type="checkbox"/>	Telemarketer call-screening
<input type="checkbox"/>	Call Waiting
<input type="checkbox"/>	Cancel Call Waiting
<input type="checkbox"/>	Call Forwarding
<input type="checkbox"/>	Remote Call Fwd
<input type="checkbox"/>	Speed Calling 8
<input type="checkbox"/>	Speed Calling 30
<input type="checkbox"/>	3-Way Calling
<input type="checkbox"/>	Help Line
<input type="checkbox"/>	Teen Service
<input type="checkbox"/>	Toll Restrict
<input type="checkbox"/>	PerCall Toll Restrict
<input type="checkbox"/>	On/Off Toll Restrict
<input type="checkbox"/>	SST Voice Mail
<input type="checkbox"/>	Call Forward Busy
<input type="checkbox"/>	Call Fwd no/answer
<input type="checkbox"/>	Caller ID
<input type="checkbox"/>	Caller ID/CallWaiting
<input type="checkbox"/>	Auto Callback
<input type="checkbox"/>	Auto Recall
<input type="checkbox"/>	Customer-Org Trace
<input type="checkbox"/>	Select Call Forward
<input type="checkbox"/>	Select Call Reject
<input type="checkbox"/>	Select Call Accept
<input type="checkbox"/>	Anony Call Reject
<input type="checkbox"/>	SST Value Pack
<input type="checkbox"/>	Super Pack
<input type="checkbox"/>	Pre-PD Toll

SERVICES AVAILABLE: (Please place a check mark next to the options you would like us to provide)

Directory: _____ Listed List as: _____
 _____ Non-Listed (Listed in Directory Assistance/not listed in Telephone Book)
 _____ Non-Published Add'l Listings: _____

BNA Notification
 Caller ID Block

Inside Hook-Up New Jacks Wiring
 Existing Jacks

Outside Hook-up Only
 You are responsible for Hooking up Inside wire to Interface Box

Maintenance Plan Yes No Locked Gate Yes No Dogs Yes No

LONG DISTANCE

Select a Long Distance Carrier: _____ Carrier Name _____ CIC Code _____
 Pic Freeze Carrier Phone #

BOTH INTER ONLY INTRA ONLY FORMS

ACCOUNT PASSWORD: _____ (1-25 characters Alpha, numeric or mixed)
 (Please answer one of the following questions)

(1) Pets name or first pet. _____ (3) What is your favorite sports team? _____
 (2) What is your anniversary date (MM/DD)? _____ (4) What is the nature of your business? _____

COMMENTS OR OTHER SERVICES:

<input type="checkbox"/>	1st MONTHS BILL	<input type="checkbox"/>	INSTALLATION CHARGES	<input type="checkbox"/>	DRIVERS LICENSE
<input type="checkbox"/>	PAYMENT LOCATIONS	<input type="checkbox"/>	BANK DRAFTS	<input type="checkbox"/>	FEATURES

Processed Date: _____ ADVANCE PMT REC'D

Processed by: _____ Completed by: _____ Prev Account No. _____ Telephone No. Issued _____

**Salina-Spavinaw Telephone Company
Service Address Information**

Office Use Only:

<input type="checkbox"/> Need 911 address	Customer Name _____
<input type="checkbox"/> Outside of MSAG Range	Telephone No. _____

Which County will this service be located? (Please check appropriate boxes)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Adair County | <input type="checkbox"/> Cherokee County | <input type="checkbox"/> Delaware County | <input type="checkbox"/> Mayes County |
| <input type="checkbox"/> City <input type="checkbox"/> Rural | <input type="checkbox"/> City <input type="checkbox"/> Rural | <input type="checkbox"/> City <input type="checkbox"/> Rural | <input type="checkbox"/> City <input type="checkbox"/> Rural |

Physical Address (911) where the telephone is to be installed: _____

What road goes in front of the driveway? _____

Which side of the road is this structure? North South East West

Describe the house or structure where the service is to be installed? _____

What are the driving directions to the driveway (please be precise – we need a good starting point , i.e. Highway or Intersection or Road name. Give us exact mile including North, South, East or West information).

Has this location had telephone service previously? Yes or No

Do you know who had service there previously? _____

Who is your nearest neighbor? _____

What is this neighbors telephone number? _____

What is this neighbors physical address? _____

Please circle which direction the structure is from the neighbor?
 North South East West

MAP