



35910 County Road 66  
 PO Box 70, Crosslake, MN 56442  
 218-692-2777 or 800-992-8220  
 Fax: 218-692-2410

# Application For Service

## CUSTOMER INFORMATION

Billing Name(s) \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Contact E-Mail Address: \_\_\_\_\_

Social Security Number/Business Tax ID \_\_\_\_\_

Billing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
If different than service address

Service Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

## INSTALLATION INFORMATION

Service Requested:  Internet  Cable TV  Telephone

Requested Date of Installation \_\_\_\_\_ Is This:  Residential  Business

Is this a new structure?  Yes  No Do you own or rent at this location?  Own  Rent

Do you need any inside wiring or jacks installed in your location?  Yes  No

## SERVICE AGREEMENT SIGNATURE - REQUIRED

Please read and sign application for service. This application becomes a contract when accepted in writing by Crosslake Communications. (I certify that I am at least 18 years of age). I certify that the information stated in this application is true and correct to the best of my knowledge. I authorize Crosslake Communications to check my credit; a deposit may be required. (A copy of your credit report is available upon request.)

All equipment, not purchased, shall remain the property of Crosslake Communications. If service is terminated, all equipment must be returned to Crosslake Communications within 15 days of termination. If equipment is not returned, I understand that I will be liable for the cost of such equipment. **MINIMUM 30 Days Service Required.**

**Installation charges, partial month of service and first full month of service will appear on your first bill. (All charges are subject to change.) All services are billed in advance, long distance charges are billed in arrears.**

I assume all responsibility for all charges for this service(s). I understand that if I default on payment, my service(s) will be subject to disconnection.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Crosslake Communications**  
**Authorized Account Contacts**

Per FCC rules regarding Customer Proprietary Network Information (CPNI), this form needs to be completed as part of your application of service.

Please mark whether you would or would not like to add another contact to the account at this time. If you do add another contact, please provide their name(s) in the lines below.

Reminder: Due to the CPNI FCC rules, we can only discuss certain account information and call detail with such authorized contacts.

- No, at this time I do not want to add any additional authorized contacts to my account.
- Yes, at this time I would like to add the following people as authorized contacts on my account.

_____	_____
_____	_____

E-mail Address\* \_\_\_\_\_

\*The FCC does allow call detail CPNI to be sent to an e-mail account of record. However, this e-mail address must be in the company files for at least 30 days before CPNI can be sent to it. If you would like our company to have an "e-mail address of record" in our files, please provide this address.

Authorized By: \_\_\_\_\_

Date: \_\_\_\_\_

For questions regarding this company's CPNI policies, please contact:

Josh Netland  
CPNI Compliance Officer  
Crosslake Communications  
1-800-992-8220

## Crosslake Communications Password Set Up

Per the FCC rules regarding Customer Proprietary Network Information (CPNI), this form needs to be completed.

NOTICE: Due to the CPNI FCC rules, if you request call detail information, you must supply this password before the information can be disclosed. If you do not remember the password, the security questions below will be used for verification and a new password will be established. If a password cannot be supplied for call detail information, there are only a few ways mandated by the FCC in order to obtain the information.

- (1) Have the Crosslake Communications representative call you back, but only at the telephone number of record.
- (2) Have the Crosslake Communications representative mail you the requested call detail information, but only to the address of record.
- (3) You, the authorized account customer, must come to the Crosslake Communications office and show your valid government issued photo ID.

One Form must be completed per account, therefore if there are more than one authorized customers on the account, this password will be for all authorized customers.

Authorized Customer Chosen Password\*

\_\_\_\_\_

Must contain 1 Upper, 1 Numeric, and 1 Special Character - no spaces or symbols allowed)

**\*The password can not be historical information such as based on your social security number, address, etc. The FCC is trying to minimize the possibility of false identification for supplying call detail, therefore do not use anything that someone else would be able to access.**

Security Questions and Answers:

Choose two security questions and fill in the answer. This will be used to verify you as the authorized customer if the password cannot be remembered. The telephone representative will ask you the chosen questions and wait for the proper answer (that you complete below) before the password is re-established.

1. What was your first childhood pet's name?

\_\_\_\_\_

2. Where were you born?

\_\_\_\_\_

You can use city and state, just state, just city, state abbreviation, zip code, city nick name, etc. Just remember the way you have chosen to answer this.

3. What is your favorite color?

\_\_\_\_\_

4. As a child, what was your dream job?

\_\_\_\_\_

5. What brand of shampoo do you use?

\_\_\_\_\_

Authorized by: \_\_\_\_\_

Date \_\_\_\_\_

For questions regarding this form or the CPNI company policies, please contact:

Josh Netland  
CPNI Compliance Officer  
Crosslake Communications  
1-800-992-8220