



**SAN CARLOS APACHE
TELECOMMUNICATIONS
UTILITY, INC.**
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BUSINESS SERVICE
NEW CUSTOMER APPLICATION/CONTRACT

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

BUSINESS/COMPANY NAME:				BILLING/MAILING ADDRESS:			
OWNER/MANAGER/DIRECTOR NAME:				PHYSICAL ADDRESS:			
TITLE:				CITY/STATE/ZIP CODE:			
ACCOUNT #:		ACCT PASSWORD:		CONTACT PERSON/OTHER AUTHORIZED REPRESENTATIVE:			
AMERICAN INDIAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	HISPANIC OR LATINO	AFRICAN AMERICAN	WHITE	MAIN BUSINESS/BILLING #:		FAX #:

TELEPHONE SERVICE INFORMATION	DIRECTORY INFORMATION
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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:	<input type="checkbox"/> ADDITIONAL LISTING - \$1.00/MO		
HAS THIS LOCATION HAD PHONE SERVICE BEFORE? <small>Please complete a Service Line Agreement Form</small> <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME AND LISTED ADDRESS (if computer line do not submit address):		
PREVIOUS RESIDENTS:		<input type="checkbox"/> 900 # AND INTERNATIONAL CALLING BLOCK <input type="checkbox"/> TOLL/COLLECT BLOCK <input type="checkbox"/> WIRE MAINTENANCE PLAN \$ 2.86/MONTH <input type="checkbox"/> THIRD PARTY BLOCK		

CABLE TV SERVICE INFORMATION	TELEPHONE DEPOSIT REQUIREMENT
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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? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAS THIS LOCATION HAD CABLE TV SERVICE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		DEPOSIT SUBMITTED TO OPEN LONG DISTANCE, COLLECT, AND THIRD PARTY: \$100.00 <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 DATE:	RETAIN TO DATE:
PREVIOUS RESIDENTS:			

DIAL-UP ACCOUNT	INSTALLATION/APPOINTMENT
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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	DRIVING DIRECTIONS
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PAGER #:		ACTIVATION DATE:		WOULD YOU LIKE TO SET UP AN APPOINTMENT FOR INSTALLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CAPCODE:		SERIAL #:		DATE: TIME:	
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.		INITIAL		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.

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"/> DIRECTORY	<input type="checkbox"/> MAP	<input type="checkbox"/> LIFELINE	<input type="checkbox"/> PIC FREEZE
<input type="checkbox"/> FILE	<input type="checkbox"/> FOLLOW-UP	SERVICE ORDER #:	DATE COMPLETED: