



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

CUSTOMER INFORMATION

Billing Name _____ Contact Phone Number _____
 Billing Address _____ City, State, Zip _____
 Service Address _____ City, State, Zip _____

CREDIT INFORMATION

Applicant Name _____ Date of Birth _____
 Social Security Number/Business Tax ID _____ Driver's License # _____ State _____
 Applicant's Place of Employment and Phone Number _____
 Spouse's Name _____ Date of Birth _____
 Spouse's Social Security Number _____ Spouse's Driver's License _____ State _____
 Spouse's Place of Employment and Phone Number _____
 Names of all persons over the age of 18 living at this location _____
 Nearest Relative and Phone Number _____

INSTALLATION INFORMATION

Requested Date of Installation _____ Is This: Residential Business Seasonal
 Is this a new structure? Yes No Do you own or rent at this location? Own Rent
 If Renting, Please list name and phone number of property owner/manager _____

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

When walls are enclosed, we will not fish walls; we will only install surface wiring. In new home construction, it is recommended that pre-wiring be done by the electrical contractor.

Directory Listing:
 Please print your name and address as you would like it to appear in the directory _____

- Extra Listing: _____ \$1.50 per month
- Non-Published: Not available in Directory or Information \$2.50 per month
- Unlisted: Not available in Directory only \$2.50 per month

We will automatically block the following features unless you specify not to block the features: 900 numbers Collect Calls

For Office Use Only

Account or Phone # _____ Install Date _____

Inter _____ Intra _____ Pic Freeze: Intra Inter Both Telephone High Speed Internet
 LVAS MEANS Onvoy Directory Cable TV Dial Up Internet
 Township Code Deposits: LS LD CATV Net Name Change
 All-In-1 Residential Package

TELEPHONE

- New Service (Not previously plowed)
- Telephone Connection Fee
 - Residential
 - Business Line
 - Single Line
 - Multi Line
 - Lakes Long Distance
 - Crosslake Long Distance

- Optional Services:**
 - Inside Wire Maintenance All wiring must be deemed in working order before Crosslake Communications' coverage begins.
 - Call Waiting
 - Caller ID (Number Only)
 - Caller ID (Name and Number)
 - Call Waiting & Caller ID (Must have CID)
 - Voice Mail Standard
 - Voice Mail Standard Plus
 - Voice Mail Premium
 - Call Forwarding
 - Optional Extended Area Service TDS

Pequot Lakes (218-568), Manhattan Beach (218-543), Ideal Corners (218-543), Jenkins (218-568), Breezy Point (218-562), Pine River (218-587)

- Neighbor to Neighbor Plan

Mission (218-765), Leader (218-397), Outing (218-792), Motley (218-352), Pillager (218-746), Nokay Lake (218-764), Lincoln (218-575), Freedham (320-745), Emily (218-763), Randall (320-749), Sullivan (320-277), Crosby (218-545)*, Brainerd/ Baxter* (218-454) (*not all numbers in these exchanges)

- Other Service not listed _____
- All-In-1 Residential Package
 - Package Upgrades:
 - Digital Cable
 - Digital Plus
 - High Speed Plus

INSTALLATION INFORMATION

Outlet Work _____

Service Order Date _____ Service Order Number _____

CSR

DIAL UP INTERNET

- Unlimited/month
- Additional Mailbox/month

User name
1-32 characters

Password
5-25 characters

All Internet packages include 1 free mailbox

HIGH SPEED INTERNET

- | | Residential | Business |
|---------------------|--------------------------|--------------------------|
| High Speed Internet | <input type="checkbox"/> | <input type="checkbox"/> |
| High Speed Plus | <input type="checkbox"/> | <input type="checkbox"/> |

Installation Date _____

All Internet packages include 1 free mailbox

Modems:

- 4 Port Wireless - Rent Purchase

CABLEVISION

- New Service (Not previously plowed)
- Cable Connection Fee
- Digital Install
- Basic
- Expanded Basic
- Digital
- Digital Plus
- HBO Package
- Cinemax
- Showtime Package / The Movie Channel
- Starz / Encore Package
- High Definition
- DVR Rental

Inside Wire Maintenance All wiring must be deemed in working order before Crosslake Communications' coverage begins.

AUTOMATIC PAYMENT AUTHORIZATION INFORMATION (Optional)

I authorize Crosslake Communications and the financial institution named below to initiate entries to my checking/savings or VISA/Mastercard/Discover account. I understand that Crosslake Communications will discontinue this service if I have two payments returned due to insufficient funds during a 12 month period. I understand that I will continue to receive my bill each month for my records and review. I will notify Crosslake Communications at least 3 business days prior to the transaction date of the 10th if I have any problems or questions regarding the amount due.

Crosslake Communications will automatically deduct from the account above for any balance due each month until I notify in writing at least 3 business days prior to the transaction date of the 10th that I wish to stop the automatic deduction.

Checking Savings

Name of Financial Institution

Financial Institution Routing Number (#between symbols !:!) _____
Customer Account Number

Please attach an unsigned check marked "Void" showing your complete account number with your financial institution.. You must notify us of any changes prior to the 8th. The deduction from your account is on the 10th.

Visa MasterCard Discover

CREDIT CARD or BANK CARD NUMBER _____ _____
Expiration Date (Last 3 digit number from back of card)

Credit Card Billing Address: _____

(You must inform us of new expiration date at least 3 days prior to the transaction date of the 10th.)

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 ____/____/____



CPNI INFORMATION

Important Notice About Your Account

Recent changes in federal law allow us to use information from your current records to market and advise you of new products and services that may satisfy your communications needs, unless you notify us otherwise.

What is this "information"?

It is information - called "Customer Proprietary Network Information or CPNI" - relating to the telecommunications services you currently are buying from us.

How can we use this information?

This information can be used to advise you about innovative communications services or new communications technology and products. We DO NOT sell or in any way provide this information to any other company other than the 911 records we are required by law to provide if you are a telephone customer.

Who will be able to use this information?

Only Crosslake Communications

Will Crosslake Communications protect my information?

YES! You have the right, and we have the duty, under federal law, to protect the confidentiality of this information. Therefore, regardless of whether you consent or not to allowing us to continue providing you with marketing and educational mailings, your account information will be treated confidentially.

What action is necessary on my part to show consent?

No action on your part is necessary. If you do not contact us within 30 days and indicate that we may not use the information to continue providing you with marketing and educational mailings, we will continue to do so.

What if I do not consent?

You can contact us using the contact information below and indicate that you are withdrawing your approval of our use of your CPNI. You will not receive company information from us at that point. You may miss the opportunity to learn of new, innovative service proposals, new packaging that could reduce your monthly bill, new lower rates on services such as long distance and other information that keeps you informed of the happenings of your local company.

If I consent, can I change my mind?

Yes. You can contact us at any time. Until you do so, your consent is valid.

Contact information: Crosslake Communications Office 218-692-2777

By e-mail: cpni@crosslake.net

BILLING:

Crosslake Communications invoices in advance for your Telephone, Cable TV and Internet Services. All taxes and lease charges are billed in advance. The only charges billed in arrears are your long distance charges and/or service call charges. All service charges are billed based upon the initial installation date for the current month and any pro-rated charges. Payment is due by the due date specified in your statement.

PAYMENT TERMS. Customer agrees to pay monthly charges in advance. Failure to pay the total balance when due constitutes a breach of the service agreement and may be grounds for disconnection of service and/or imposition of additional fees, in accordance with applicable law.

LONG DISTANCE

You will need to choose an INTRALata carrier (for calls to Northwestern Minnesota and Eastern North Dakota) and an INTERLata carrier (for calls outside the Intralata area). *It is your responsibility to contact the long distance carrier of your choice to establish an account and ensure appropriate billing. It is your responsibility to verify the PIC code that your long distance company will be using.*

Yes, I would like long distance.

No, I do not want long distance (includes Collect & 3rd Party Blocks

Check below if you wish to accept Collect and 3rd Party calls.

Yes, I wish to accept collect and 3rd party calls.

I choose _____ for my long distance with the PIC Code of _____ for my Interlata carrier.

I choose _____ for my long distance with the PIC Code of _____ for my Intralata carrier.

Inter	Intra	PIC Code	Long Distance Carrier	Residential	Business
_____	_____	26	Lakes Long Distance	1-800-992-8220	1-800-992-8220
_____	_____	288	AT&T	1-800-222-0300	1-800-222-0400
_____	_____	71	Broadwing Communications	1-800-422-1199	1-800-422-1199
_____	_____	223	Cable and Wireless	1-800-486-8686	1-800-486-8686
_____	_____	6264	Crosslake Long Distance	1-800-992-8220	1-800-992-8220
_____	_____	752	Excel	1-800-875-9235	1-800-875-9235
_____	_____	444	Global Crossing	1-800-466-4600	1-800-482-4848
_____	_____	948	IXC Communication Services	1-800-848-8459	1-800-848-8459
_____	_____	5957	Lightyear Communications	1-800-393-7300	1-800-393-7300
_____	_____	222	MCI	1-800-444-2222	1-800-888-0800
_____	_____	900	MCI WorldCom	1-800-444-3333	1-800-444-2222
_____	_____	725	McLeod USA Telecom	1-800-593-1177	1-800-593-1177
_____	_____	912	Norlight	1-800-297-3788	1-800-297-3788
_____	_____	264	Onvoy	1-800-933-1224	1-800-933-1224
_____	_____	5102	Sprint/Williams Comm	1-888-275-9080	1-888-275-9080
_____	_____	826	Telcom USA	1-800-444-2222	1-800-888-0800
_____	_____	355	US Link	1-800-450-7500	1-800-450-7283
_____	_____	333	US Sprint	1-800-877-4646	1-800-877-4646
_____	_____	244	United Carrier Network	1-800-691-4041	1-800-417-0172
_____	_____	649	Working Assets	1-800-548-2567	1-800-789-9253
_____	_____	555	Worldcom	1-877-673-5587	1-800-749-9600
_____	_____	949	No Carrier		

CARRIER/PIC FREEZE

A carrier/PIC freeze prevents a change in a subscriber's carrier selection without consent of change. By signing this application, I understand that this carrier/PIC freeze will restrict any long distance carrier from changing my long distance without my knowledge. I also understand that should I decide to change my long distance carrier, I will need to notify Crosslake Communications to temporarily lift the carrier/PIC freeze so that the long distance change can take place. After the change takes place the carrier/PIC freeze will be placed on my line again if I so desire.

Please check the selection for the lata you would like the carrier/PIC freeze on. There is no charge to add a carrier/PIC freeze.

INTER AND INTRA INTER (Long distance outside the IntraLata INTRA (Long Distance to NW Minn. and E North Dakota)

Crosslake Communications Authorized Account Contacts

Per the new FCC rules regarding Customer Proprietary Network Information (CPNI), this form needs to be completed as part of your application for 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 new 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 e FCC does allow call detail CPNI to be sent to an e-mail account of records. 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:

Paul Hoge
CPNI Compliance Officer
Crosslake Communications
1-800-992-8220

Crosslake Communications

Password Set Up

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

NOTICE: Due to the new 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 can not 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 telephone representative call you back, but only at the telephone number of record.
- (2) Have the telephone 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 telephone 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*

(Between 5-10 characters in length. - Alpha, Numeric, or Alpha Number - no spaces or symbols allowed)

***This 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 can not 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 new CPNI company policies, please contact:

Paul Hoge
CPNI Compliance Officer
Crosslake Communications
1-800-992-8220

Crosslake Communications

Opt Out Notice

As in the past and continuing into the future, our company respects your privacy and abides by the privacy rules mandated by the Federal Communications Commission, state commission, and any other oversight telecom agencies. We never sell your private account information or provide call detail information of your telephone calls to outside entities for marketing purposes. The protection of your information is important to us and our Company acknowledges that you have a right, and we have a duty, under federal law, to protect the confidentiality of your CPNI.

Sometimes we would like to make you aware of additional products or services available from us outside the existing business relationship. For example, if you have our local exchange voice service, you may be interested in our long distance packages. However, per the FCC new rules on Customer Proprietary Network Information (CPNI), you have the option of being excluded from such internal targeted marketing services by signing and returning the opt-out notification below. CPNI is information created by virtue of the relationship between a carrier and a customer, including the quantity, technical configuration, type, relationship between a carrier and a customer, including the quantity, technical configuration, type, destination, location, and amount of use of a customer's telecommunications services purchased (including specific calls a customer makes and receives) and related local and toll billing information. It does not include published information such as one's name, address, or telephone number.

We would like the opportunity to continue to better serve you by notifying you of our additional products and services, however you have the right to opt-out of hearing about these products and services. If you would like to continue being notified about the products and services based upon your current services with us, then please do nothing further. However, if you would like to "opt-out", the signed signature card below will not allow us to inform you of the products and services outside of your existing scope of service with us based upon the use of your CPNI.

Unless you provide us with notice that you wish to opt-out within 33 days of the date of this application, we will assume that you give our Company the right to utilize your CPNI for internal marketing campaigns. Please be advised that if you do not opt out, your consent will remain valid until we receive your notice withdrawing it. If you wish to withdraw your consent at any time, you may do so by calling us at 1-800-992-8220. Furthermore, note that opting out will not affect the status of the services you currently have with our Company. In addition, we can disclose your CPNI to comply with any laws, court order or subpoena or to provide services to you, pursuant to your Customer Agreement.

Please call our office if you have any questions on this notice.

Paul Hoge
CPNI Compliance Officer
Crosslake Communications
1-800-992-8220

November 14, 2007

Opt-Out Notification

Return this portion if you chose to opt-out of notification of Crosslake Communications' internal targeted marketing of services and products that are outside of your existing scope of service scope.

I have read this notice and would like to Opt-Out of the CPNI based marketing of products and services that are outside of my existing scope of service offered by Crosslake Communications.

Authorized Customer _____

Billing Address _____

City, State, Zip Code _____

Authorized By: _____

(Signature of authorized contact currently listed on the account)

Date _____

**Minnesota Telephone Service Discount Application
Lifeline and Telephone Assistance Program 2012**

You may qualify for a monthly Minnesota Telephone Service Discount on your telephone bill if you are receiving benefit(s) from one or more of the programs listed below

The following section must be filled out completely or your application will be returned and benefits will be delayed

Social Security (*last 4 digits*) _____
Your Name: _____
Street: _____
City: _____
State: MN Zip: _____

Birthdate

Month Day Year

--	--	--	--	--	--	--	--

Address is: permanent temporary
More than one family lives at this address

Billing Address (*if different than residential*): Street or P.O. Box: _____
City: _____ State: _____ Zip: _____

Telephone Company: _____ Number of people living in your household:
Telephone number if you currently have service: Telephone number where you can be reached:
Area Code

- I receive benefits from the following program(s):** **Check all that apply and attach proof**
- | | |
|---|---|
| <input type="checkbox"/> Medicaid/Medical Assistance | <input type="checkbox"/> Supplemental Nutrition Assistance Program/Food Stamps (SNAP) |
| <input type="checkbox"/> Federal Public Housing or Section 8 Assistance | <input type="checkbox"/> Minnesota Family Investment Program (MFIP) |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Bureau of Indian Affairs General Assistance | <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) |
| <input type="checkbox"/> Tribally Administered Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> Tribally Administered Head Start (for those meeting income qualifying standards) |
| | <input type="checkbox"/> National School Free Lunch Program |

I do not receive benefits from the programs above but my income is at or below 135% of the Federal Poverty Guideline. Please attach one of the documents below if you did not check any boxes above.

- | | |
|--|--|
| Last year's State, Federal or Tribal Tax Return | Divorce Decree |
| Current annual income statement from employer | Retirement/Pension Benefits Statement |
| 3 consecutive months of most recent paycheck stubs | Veterans Administration Benefits Statement |
| Social Security Benefits Statement | Child Support Document |
| Unemployment/Workmen's Compensation Statement | Other |

Turn over to complete application

Certification of Eligibility

By signing below, I certify under penalty of perjury that I understand and agree to all of the following:

I participate in a qualifying federal program or meet the income qualification.

I have provided documentation of eligibility.

I acknowledge that Lifeline is a federal benefit and that it is non-transferable.

I acknowledge that a household is eligible to receive only one Lifeline service and to the best of my knowledge, my household is not already receiving a Lifeline service. A household is defined for Lifeline purposes as any group of individuals who live together at the same address and share income and expenses. A household is not permitted to receive Lifeline benefits from multiple providers and violation would result in de-enrollment and potential prosecution by the United States government.

The information contained in this certification form is true and correct to the best of my knowledge.. I understand that providing false information can be punished by fine or imprisonment or removal from the program.

I will inform the company within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline support. Failure to notify the company may result in penalties.

If I move to a new address, I will provide that new address to the company within 30 days.

If I provided a temporary address, I will verify with my telephone provider the temporary residential address every 90 days.

I may be required to re-certify continued eligibility at any time and failure to do so will result in removal from the program.

I consent to have my name, telephone number, and address provided to the Universal Service Administrative Company (USAC) and/or its agents, and to any state and federal agency, for the purpose of verifying that I qualify for the Lifeline program and that I do not receive more than one Lifeline benefit.

Applicant Signature

Date

I designate below the name and telephone number of an "Authorized Representative" for this application who has submitted this form on my behalf and is willing to assist me in in seeking telephone service discounts.

Print "Authorized Representative" Name

Area Code

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Daytime Phone Number

Date

**Complete Application
Attach Proof of Income or Program Participation
Mail Application and Income Documents to Your Local Telephone Company**