



New Account Application

Customer/Company Name: _____

SSN/EIN: _____ DL or State ID#: _____ D.O.B.: _____ Can Be Reached #: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Service Address: _____ City: _____ State: _____ Zip: _____

Service address is located in the following county:

Circle One: Brown Jackson Nemaha Pottowatomie Republic Washington Jefferson

Is service address located inside the city limits?

Circle One: Yes No

Type of Service:

Circle One: Res Bus

Previous Occupant (if known): _____ Corporation Sole Proprietorship

Employer Name: _____ Employer Telephone: _____

Employer Address: _____

Customer's Previous Address: _____

City: _____ State: _____ Zip: _____

Customer Signature: _____ Date: _____

(If applicant is a Corporation, an officer of the Corporation must sign above)

Please select desired services on the reverse side of this form

Customer Privacy Network Information

PRIMARY ACCOUNT OWNER'S NAME _____ BILLING TELEPHONE NO. _____

PRIMARY'S SOCIAL SECURITY NO. OR EIN NO. _____

Customers will be required to provide the last 4 digits of the primary account owner's SSN to obtain account information each time they contact the Giant Communications Inc. business office. Account owners and authorized persons may obtain account information, in person, by presenting a valid, government issued identification card to a JBN Telephone Company, Inc. Client Service Representative.

LIST NAMES OF AUTHORIZED PERSONS FOR THIS ACCOUNT. _____

Customers calling into our business office and requesting call detail information will be required to provide a password. This password should be between four and six characters. Please do not use readily available, biographical information. No punctuation please.

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Name of town or city that you were born in: _____

This will be used to retrieve your password if you cannot remember it.

ACCOUNT OWNER'S SIGNATURE: _____

Although the Privacy Network Information on this form is not required, providing the above information will allow our staff to better assist you should you (or an authorized person) need access to your account information.

THANK YOU FOR YOUR COOPERATION WITH THE NEW FEDERAL COMMUNICATIONS COMMISSION RULES REGARDING PRIVACY. IF YOU HAVE ANY FURTHER QUESTIONS PLEASE CONTACT OUR BUSINESS OFFICE.

To be completed by Company Representative:

Application Taken By: _____ Deposit Required: _____

Date of Application: _____ 1st Mo/Install Chg: _____

Installation Date: _____

