

WOODHULL TELEPHONE COMPANY - DIVERSE COMMUNICATIONS INC.

Name _____ S.S.N. _____ D.O.B. _____ Cell # _____

Name _____ S.S.N. _____ D.O.B. _____ Cell # _____

Service Address: _____ PO Box _____ City: _____

Billing Address if Different: _____

Employer Name & Address: _____

Spouse Employer Name & Address: _____

Previous Address: _____

MARKETING: Would you like to receive information on new products/services available with-in our company?
 yes **no** or our subsidiary's: **yes** **no**

CPNI Password: _____

Back-up authentication questions for a lost or forgotten password
You may choose to answer up to four of the following:

Favorite Color: _____ Pet's Name: _____ Sports Team: _____ Hobby: _____

I authorize the following person (s) to obtain information & make changes to my Telephone account:

Phone Service (check one): Published _____ Non Published \$1.00/Mo. _____

Long Distance Carrier: _____ Wire Maintenance - \$1.25 per month: Yes No

_____ **Please check here if you have a hearing or speech disability or condition and that this disability/limitation prevents or limits your ability to communicate over voice networks.**
Please describe the nature of the disability or medical condition:

Features: Voice Mail \$2.50/Mo. _____ Caller I.D. \$3.50/Mo. _____

Choose 2 or more of the following features & receive them for \$1.00 each

Call Waiting \$1.25/Mo. _____ Call Forwarding \$1.25 _____

3-Way Calling \$1.25/Mo. _____ Speed Calling \$1.25/Mo. _____

Signature: _____ Spouse Signature _____

I understand a credit report may be pulled and my deposit may be based on the findings of this report.
(Initials) _____

For Office Use Only: Phone Number Assigned: _____
Deposit Required: _____ Date Deposit Received: _____

Terms and Conditions of Service

All charges will be billed by Diverse Communications Inc. or Woodhull Telephone Co. on the twentieth of each month, payable by the 10th of the following month. Failure to pay by the specified due date may result in your service being discontinued. A reconnect fee will be required to reestablish service. Customer is responsible for all legal fees associated with collection efforts of past due accounts. Initials: _____

You agree, in order for us to service your account or to collect any amounts you may owe, we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide us. Methods of contact may include using pre-recorded or artificial voice messages and/or the use of an automatic dialing device, as applicable.

I/We have read the disclosure and agree that Woodhull Telephone Company/Diverse Communications Inc., may contact me/us as described above.

Signature: _____ Signature: _____

PLEASE READ – IMPORTANT INFORMATION

Customer Proprietary Network Information – Special Notice

Effective December 8, 2007, new FCC rules associated with Docket No. 07-22 went into effect to protect your Customer Proprietary Network Information (CPNI). CPNI is data that is not publicly available, including the types of services you subscribe to, the number of telephone lines you have, how much you use your services, and your calling and billing records. Pursuant to the new rules we are obligated by the FCC to implement the following safeguards to protect your CPNI:

- 1) Call in customers will be authenticated by a validation code that will appear on the front page of their bill or by a pre-determined password.
- 2) Walk-in customers will be authenticated by presenting a valid photo I.D.
- 3) All Customers will be offered the option of setting up a password & back up authentication for lost or forgotten passwords.
- 4) Customers will be immediately notified of certain account changes, including changes made to passwords or back-up authentication questions.

Protecting our customers' CPNI is a priority to us and we assure you we will take all the necessary precautions to do so. If you have any questions about the new rules, please call our Business Office at 334-2150.

PIC FREEZE AUTHORIZATION FORM

Account Name: _____

Telephone Number: _____

Address: _____

(Please be sure that the name and address on this form matches the name and address for the telephone number)

I hereby authorize Diverse Communications, Inc. to implement, effective immediately, a freeze of my provider for the service or services indicated by my signature or signatures below. I understand that I will be unable to make a change in provider for any of the services on which I place a freeze, unless I first instruct Diverse Communications, Inc. to remove the freeze.

Freeze my IntraLATA long distance carrier (see attached "Important Information Regarding Changes in Long Distance Companies for explanation of "IntraLATA").

Signature

Date

Freeze my InterLATA long distance carrier (see attached "Important Information Regarding Changes in Long Distance Companies for explanation of "InterLATA").

Signature

Date

Should you choose, in the future, to orally instruct us to remove your freeze, the Federal Communications Commission requires that we confirm your identity before we remove your freeze. Please provide one of the following so that we will be able to comply.

Social Security Number, Date-of-birth, or
Mother's maiden name:
