



S1421 State Hwy 33 | P.O. Box 28 LaValle, WI 53941

PH: 608-985-7201 | FX: 608-985-8080

info@ltc.coop

APPLICATION FOR SERVICES

INTERNET PACKAGES	Price	Total
Unlimited Data at 30 Mb/15 Mb	\$63/month	
Unlimited Data at 60 Mb/30 Mb	\$73/month	
Unlimited Data at 120 Mb/60 Mb	\$83/month	
Unlimited Data at 200 Mb/100 Mb	\$93/month	
Unlimited Data at 500 Mb/250 Mb	\$130/month	
Unlimited Data at 1 Gb/500 Mb	\$150/month	
INTERNET AND PHONE PACKAGES	Price	
Unlimited Data at 30 Mb/15 Mb with Unlimited Phone Services	\$75.39/month	
Unlimited Data at 60 Mb/30 Mb with Unlimited Phone Services	\$85.39/month	
Unlimited Data at 120 Mb/60 Mb with Unlimited Phone Services	\$95.39/month	
Unlimited Data at 200 Mb/100 Mb with Unlimited Phone Services	\$105.39/month	
Unlimited Data at 500 Mb/250 Mb with Unlimited Phone Services	\$142.39/month	
Unlimited Data at 1 Gb/500 Mb with Unlimited Phone Services	\$162.39/month	
TV AND DUONE DACKAGEO**	Dui:	
TV AND PHONE PACKAGES** (Cannot have Stand-Alone TV)	Price	
Basic Package with Unlimited Phone Service	\$97.39/month	
Expanded Package with Unlimited Phone Service	\$162.39/month	
Premium Package with Unlimited Phone Service	\$172.39/month	
ADD TV PACKAGES" TO INTERNET OR INTERNET AND PHONE (Cannot have Stand-Alone TV)		
Basic Package	\$50/month	
Expanded Package	\$115/month	
Premium Package	\$125/month	
NOTE: TV Packages can be added to any Phone and/or Internet package but cannot be purchased as a stand-alone service.		
PHONE PACKAGE	Price	
Unlimited Phone Service \$26/month plus Interstate Access, Federal & State Service Charges, Police/Fire Protection, and E911. Includes all Local and Long Distance calling in the *Reasonable Use Policy, and your choice of any/all Calling Features (voicemail, caller Id, etc.)	\$37.02/month	
Additional TV Services* (Optional)	Price	
Additional Set-Top Box (1 STB is included FREE with the package)	\$5/each/month	
Digital TV Recorder - 500GB Storage (Whole Home)	\$8.95/month	
Digital TV Recorder - 1TB Storage (Whole Home)	\$12.95/month	
Additional TV Programming* (Optional)	Price	
НВО	\$16.99/month	
Cinemax	\$13.99/month	
Showtime	\$16.99/month	
STARZ	\$13.99/month	
Pick 2 Premium Channels	\$27/month	
Pick 3 Premium Channels	\$39/month	
Pick 4 Premium Channels	\$48/month	
Playboy - No Volume Discount	\$15/month	
	Total:	

^{*}Reasonable Use Policy: Unlimited long Distance is intended primarily for the social or domestic use of our residential customers within the 48 contiguous states & ECC. Directory calls (411) are \$0.95. It is not intended to be used for business activity such as commercial facsimile, resale, three way calling, telemarketing, prolonged dial up connections or auto dialing. Usage that greatly exceeds the typical use of our customer base will be considered excessive. The Cooperative reserves the right to suspend, restrict or cancel the Customer's use, subject to applicable notice requirements. (Business lines receive 700 minutes of unlimited long distance)
**TV Packages are subject to yearly increases due to programming changes with content providers.

Applicant Informati	on								
First name:	M.I.:	Last name: Contact n questions			•	ve can call with	Date requesting service:		
Billing address: (if different	l than the	physical ac	ldress)						utomatic Bill Payment nclose a voided check)
City:				State:	Zip:		County servi	ce will be in:	
Physical 911/ address for se	rvice:						Social Secu	rity #:	
City:				State:	Zip:		Date of Birt	h:	
Employer:					1				
Who lived at this location la	st?					Email A	ddress:		
Information for Other	Adult(s	s) Living i	n the Ho	ousehold (red	quired): 🗖	Joint acco	ountholder l	☐ Authorized use	er 🗖 Neither
First name:			M.I.:	Last name:				Contact number	:
As a recipient of Federal assistance, LaValle Telephone Cooperative is required to identify and document, as accuratel as possible, the racial/ethnic data of the eligible population in our service area. The information you provide will be used only for Federal government reporting purposes. Please note, your response is optional. You may contact the General Manager at (608)985-7201 with any questions. Thank you for your assistance. RACIAL/ETHNIC GROUP: White Black Hispanic American Indian or Alaskan Native Asian or Pacific Islander In making this application for telephone service with LaValle Telephone Cooperative, I/we agree to pay the established rates for all services and/or equipment. I/we agree to the rules and regulations of the Cooperative as set forth in the exchange tariff. I/we authorize LaValle Telephone Cooperative to order a consumer credit report and verify other information. I certify that I am at least 18 years of age. As a customer, you are a member of this Cooperative. No membership fee is required and no certificate is issued. Membership is automatic upon installation of service and so reflected on Cooperative books.				ou provide will be may contact the or Pacific Islander other information.					
Signature							Date		
Do you qualify fo	r the L	IFELINE	Assista	ince Progra	m? If yes,	, please a	sk for appr	opriate paperw	ork to complete.
Telephone Set-Up (Premise visits, jacks i				al charges)		Video	\$15.00 e	ach additional	Fee \$35.00 (3 STB's) TV hook-up.

➤ ADVANCE PAYMENT will be determined by credit check.

Payment is applied to the bill. <

➤ Form MUST be filled out completely. If service is disconnected before 6 months of service is satisfied, customer responsible for <u>all</u> installation charges. <



PO Box 28 – S1421 Hwy 33 LaValle, WI 53941

Phone: 608-985-7201 www.ltc.coop

If You are Applying for Voice (Phone) Services Please Complete This Page

Existing Landline Number That Yo	ou Want Ported:			
Who Is Current Carrier of Landline Number:				
Account Number with Current Carrier:				
PIN/Password:				
Directory Listing Information:				
☐ Published (Free) ☐ Unlisted ☐ Non-published (\$1.25 /mo. Nu	-	ilable from Directory Assistance) directory or from Directory Assistance)		
Name(s) as it should appear in the directory:		Extra listings: (\$1.25/mo)		
Long Distance Options: Unlimi	ted Calling Through LaVa	lle Long Distance <u>or</u> Choose Another Carrier		
Choose a toll carrier or block long distance: Interlata (outside 608 area code):		Primary Interexchange Carrier (PIC) Freeze: A FREE service which prevents another carrier from changing your long distance without your permission (also known as Slamming)		
Intralata (within 608 area code):		☐ Yes (recommended) ☐ No		
900/976 Number Option: (choose one) See Fig. 1900/976 calls made from the second of	om my phone (no charge)	☐ Do not block. I will be responsible for all 900/976 charges.		
Do you qualify for the LIFELINE Assistance Prog	gram?	please ask for appropriate paperwork to complete		
Optional Services are Included wi	th Unlimited Voice Servi	ce: Please ✓ the ones you would like to use:		
☐ Caller ID (Name & Number) ☐ Caller ID (Name, Number & Call Waiting) ☐ Residential Voice Mail Basic ☐ Residential Voice Mail Enhanced Note: We will only activate the services that are requested.	Other Available Calling Features: 3-Way Conference 30# Speed Dial Automatic Call Back Automatic Recall Busy Call Forward Fixed Call Forward Variable Call Forward	Additional Options Teen Line/Distinctive Ring \$3.00 /month		
·	nation (must complete in or	der to inquire about your telephone service)		
REQUIRED: Full Name of other author	ized users			
Password (4 to 12 letters/numbers)	Verificati	on: Favorite ColorFavorite Season		
persons listed on your telephone bill a Telephone Cooperative is serious abo	es authorized users can acce ut keeping your information	C) Customer Proprietary Network Information (CPNI) rules, only uses or change information regarding your CPNI. LaValle a safe. Authorized users will only be able to make changes or see office or knowing the password chosen above.		
Signature		Date		
Jigiliatule		Date		

In 2003, the Do-Not-Call Act was signed into law. This legislation allowed for the establishment and enforcement of a national Do-Not-Call Registry giving consumers a choice regarding telemarketing calls. If your number is listed on the registry, all commercial telemarketers, except for businesses with whom you have an existing relationship or certain non-profit and political organizations, are not allowed to call you.

Consumers may register their residential telephone number, including wireless numbers, on the national Do-Not-Call Registry by telephone or by Internet at no cost. To register by telephone, consumers may call 1-888-382-1222. For TTY, call 1-866-290-4236. You must call from the phone number you wish to register. You can register on-line for the national Do-Not-Call Registry via the internet at www.donotcall.gov.

Inclusion of your telephone number on the national Do-Not-Call Registry will be effective 31 days after registration. Your number will remain on the registry for five years; however, there is pending legislation which may make the registration permanent. You are allowed to remove your number from the registry at any time.

If you are engaged in making telephone solicitations, you should be aware of the requirements of the national Do-Not-Call rules and regulations. The relevant federal do-not-call rules are set forth in 47 C.F.R. § 64.1200 and 16 C.F.R. Part 310, respectively.

This notification is being provided as a reminder of your obligations under the above federal donot-call rules. For additional information, you may contact the Federal Communications Commission at 1-888-225-5322, on the Internet at www.fcc.gov or by e-mail to fccinfo@fcc.gov.

LIFELINE PROGRAMS INFORMATION RELEASE AUTHORIZATION

LaValle Telephone Cooperative provides a savings under the Lifeline Programs to customers whose eligibility has been verified to receive benefits from any of the following.

Veterans & Survivors Pension Benefit	Wisconsin Homestead Tax Credit (Schedule H)
Supplemental Security Income (SSI)	Food Share (Wisconsin's SNAP Program)
Federal Public Housing Assistance	Supplemental Nutrition Assistance Program (SNAP)
Medicaid	Income at or below 135% of Federal Poverty Level*
Wisconsin Works (W2)	*If this is your only qualifying category, proof of income must be provided. Contact the office for
Badger Care	details about required documents.

A signed authorization is required by the Department of Health Services to release information concerning eligibility to LaValle Telephone Cooperative, or its authorized agent. This authorization is only for the purpose of verifying your participation in these programs and will not be used for any other purpose. If you would like more information on Lifeline, please contact our office at 608-985-7201.

INSTALLATION AGREEMENT

For

Digital Video and/or High-Speed Internet Service

AGREEMENT , made this	day of	, 2024 (year), by and between
LaValle Telephone Cooperative,	Inc. ("LTC"), and	
("Customer"), at the address of _		-

LaValle Telephone Cooperative, Inc. is installing the needed equipment to provide digital video and/or high speed internet (DSL) service ("Service") for you with the understanding that you will continue to subscribe to the Service as outlined below. Customer agrees to be bound by the terms of this Agreement. Therefore, Customer should take time to read and understand the entire Agreement.

1. SERVICE PROVIDED

LTC agrees to provide a direct Unlimited High-Speed Internet Service connection for the exclusive use of the Customer at the premises indicated above. It should be noted that LTC does not guarantee the ability to access every single location or function on the Internet.

2. EQUIPMENT REQUIRED FOR VIDEO (TV) SERVICE

To use the Service, LTC is providing the Customer with the following equipment:

Set Top Box	
	Qty. provided to Customer
\$200.00 each	ADB/Amino/Innovative set top box
	(Current replacement costs if not returned to LTC)

Remote Contr	ol
	Qty. provided to Customer
\$20.00 each	(Current replacement cost if not returned to LTC)

3. GENERAL CUSTOMER DUTIES AND RESPONSIBILITIES

- 3.1 Receipt and Care of Equipment: Customer acknowledges the receipt of the equipment listed above and agrees to protect LTC's equipment from damage or destruction. Customer assumes responsibility for damage, destruction, or loss of said equipment caused by the Customer's lack of care or neglect, as determined by LTC.
- **3.2 Returning Equipment:** At the termination of the service, Customer agrees to return all cooperative owned equipment to LTC or Customer will be billed for replacement of the equipment listed above.
- 3.3 Liability for Damaged Equipment: Customer understands that damage, destruction, or loss of said equipment may result in actual repair or replacement costs being charged to the Customer.

4. CUSTOMER PAYMENT OBLIGATIONS

- **4.1 Billing Information**: Customer agrees to provide LTC with accurate and complete billing information including company name, if applicable, legal name, address and telephone numbers. Any changes to this information must be reported to LTC within 30 days of the change.
- **4.2 Service Commitment:** Customer agrees to subscribe to the Service for a minimum of six (6) months.
- 4.3 Early Termination Charges: If the service is canceled within the first six (6) months, the Customer will be billed an additional \$100.00.

- **4.4 Reconnection of Customer-Owned Equipment:** Cooperative personnel will make a reasonable effort to reconnect Customer-owned equipment in the event of disconnection of cooperative equipment. However, because of the sophistication of some audio and video systems, it may be advisable for the Customer to contact the initial vendor(s) for assistance.
- 4.5 Collections Expenses for Unpaid Balances and Early Termination Charges: Customer will also be liable to pay LTC for all attorneys' fees, collection fees or other expenses arising from efforts to collect any unpaid balances or early termination charge on Customer's Account.

5. INSTALLATION

- 5.1 Installation. Installation of the Service may involve modifications to the business or residence. Standard installation includes the drilling of holes in order to run cable/wire. The installer will explain this process and any issues must be addressed with the installer before the installation begins. If the building is a rental, these modifications may be forbidden pursuant to the terms of your lease/rental agreement or may require preapproval by the landlord.
- 5.2 Installation of Additional Equipment or Relocation Equipment. If at a later date the Customer requires the installation of more equipment or moving of equipment already in place, Customer will be responsible for labor and material costs associated with such services, currently being charged at the following rates:
 - Install an additional set top box \$35.00.
 - Install an additional television \$35.00.
 - Install jack for computer \$45.00.
 - Move a computer, television, or computer to a new location, same address \$35.00.
 - Move all equipment to a new address \$45.00.
 - Remove video equipment, but keep DSL Internet equipment & service within 6 months of installation \$70.00.

Customer understands that LTC reserves the right to change the fees and/or policies stated herein without further written notice to Customer.

5.3 Right of Entry and Damage to Customer's Home or Business Computer During Installation: Customer agrees to permit LTC to enter Customer's home and property at reasonable times to install, connect, disconnect, repair or inspect the equipment used to provide the Service. LTC will not enter Customer's home to install or repair Customer's Service unless an adult is present in Customer's home at the time of the service call. LTC shall not be liable for any damage, loss or destruction to Customer's home or Customer's computer equipment during installation, including but not limited to any damage to, or loss or destruction of, any hardware, software, files or data.

BY PROVIDING THIS SIGNED FORM YOU ARE GRANTING LTC PERMISSION TO INSTALL THE NEEDED EQUIPMENT TO PROVIDE THE SERVICE. THE SIGNED INSTALLATION AGREEMENT RELEASES LTC (INCLUDING ANY INSTALLATION TECHNICIAN) FROM ANY LIABILITY, CAUSES OF ACTION, CLAIMS, DEMANDS OR SUITS OF ANY KIND WHATSOEVER RELATED TO DAMAGES ARISING FROM THE INSTALLATION OF THE SERVICE EQUIPMENT.

Customer hereby agrees to the provision of the install the Service at the address listed above.	is agreement and does hereby authorize LTC to
Customer Signature	Date



S1421 State Hwy 33, PO Box 28 LaValle, WI 53941 608-985-7201 608-985-8080 (fax) www.ltc.coop

Convenient Options for Paying Your Bill

Automatic withdrawal: Complete the Automated Payment Authorization form below for automatic withdrawal on the 20th of each month from your checking, savings, debit card or credit card.

Online payment: The LaValle Telephone website home page (www.ltc.coop) offers the option to "Click Here to Pay Your Bill Online with E-bill." From there, just register your information. You can view and pay your bill online. If you elect the option to go "paperless," meaning we no longer mail you a paper bill, you will receive an email notification when the bill is available to be viewed.

Online payment service: Many banks offer bill payment services through their banking websites. You decide who, when, and how much you pay. Check with your bank for details.

Payment by telephone: Call our office (985-7201) for credit or debit card payments.

Payment drop-off: The LaValle Telephone business office in LaValle. We also have a Night Depository for afterhours convenience.

Automated Payment Authorization

I hereby authorize automatic withdrawal from my financial institution, as indicated below, for charges incurred as a result of my relationship with LaValle Telephone Cooperative.

Lunderstand that the transfer will occur on or about the 20th of each month or the next business day if the 20th falls on a

I may revoke this automated payment author the address above.	rization at any time with 10 day	ys notice to LaValle Telephone Cooperati		
Printed Name of Account Holder	Signature	Date		
Mailing Address	City, State, Zip Code	City, State, Zip Code		
Billing Agreement Number	Contact Telephone Number			
acco Credit or debit card. (Recurring month)	ude a letter from your financial ount number and the routing nu Complete <u>all information</u> reques	institution verifying your savings umber of the financial institution.		
Name of cardholder:	Credit car	d #:		
Card type: Visa MC Exp Date:	Validation	# (last 3 digits on back near signature		