



LaValle Telephone Cooperative
 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 60 Mb/30 Mb	\$63/month	
	Unlimited Data at 120 Mb/60 Mb	\$73/month	
	Unlimited Data at 200 Mb/100 Mb	\$83/month	
	Unlimited Data at 500 Mb/250 Mb	\$93/month	
	Unlimited Data at 1 Gb/500 Mb	\$130/month	
INTERNET AND PHONE PACKAGES		Price	
	Unlimited Data at 60 Mb/30 Mb with Unlimited Phone Services	\$75.52/month	
	Unlimited Data at 120 Mb/60 Mb with Unlimited Phone Services	\$85.52/month	
	Unlimited Data at 200 Mb/100 Mb with Unlimited Phone Services	\$95.52/month	
	Unlimited Data at 500 Mb/250 Mb with Unlimited Phone Services	\$105.52/month	
	Unlimited Data at 1 Gb/500 Mb with Unlimited Phone Services	\$142.52/month	
TV AND PHONE PACKAGES** (Cannot have Stand-Alone TV)		Price	
	Basic Package with Unlimited Phone Service	\$97.52/month	
	Expanded Package with Unlimited Phone Service	\$162.52/month	
	Premium Package with Unlimited Phone Service	\$172.52/month	
ADD TV PACKAGES** TO INTERNET <u>OR</u> INTERNET AND PHONE (Cannot have Stand-Alone TV)		Price	
	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, State and County 911. Includes all Local and Long Distance calling in the *Reasonable Use Policy, and your choice of any/all Calling Features (voicemail, caller ID, etc.)	\$37.38/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	
	HBO	\$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 Information

First name:	M.I.:	Last name:	Contact number (where we can call with questions):	Date requesting service:
Billing address: (if different than the physical address)				Would you like Automatic Bill Payment <input type="checkbox"/> Yes <input type="checkbox"/> No (Enclose a voided check)
City:	State:	Zip:	County service will be in:	
Physical 911/ address for service:			Social Security #:	
City:	State:	Zip:	Date of Birth: _____	
Employer:				
Who lived at this location last?			Email Address:	
Information for Other Adult(s) Living in the Household (required): <input type="checkbox"/> Joint accountholder <input type="checkbox"/> Authorized user <input type="checkbox"/> Neither				
First name:	M.I.:	Last name:	Contact number:	

CIVIL RIGHTS COMPLIANCE / DATA COLLECTION POLICY

As a recipient of Federal assistance, LaValle Telephone Cooperative is required to identify and document, as accurately 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.

Signature _____ Date _____

Do you qualify for the LIFELINE Assistance Program? If yes, please ask for appropriate paperwork to complete.

Telephone Set-Up Fee: \$50.00

(Premise visits, jacks installed, etc. - additional charges)

Video and/or Internet Set-Up Fee \$35.00 (3 STB's)

\$15.00 each additional 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 all 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 You Want Ported: _____

Who Is Current Carrier of Landline Number: _____

Account Number with Current Carrier: _____

PIN/Password: _____

Directory Listing Information:

- ☐ Published (Free) ☐ Unlisted (\$1.25/mo. Number is available from Directory Assistance)
☐ Non-published (\$1.25/mo. Number is *not* available in the directory or from Directory Assistance)

Name(s) as it should appear in the directory: _____

Extra listings: (\$1.25/mo) _____

Long Distance Options: Unlimited Calling Through LaValle Long Distance or Choose Another Carrier

Choose a toll carrier or block long distance:

Interlata (outside 608 area code): _____

Intralata (within 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)

☐ Yes (recommended) ☐ No

900/976 Number Option: (choose one)

☐ Yes, block all 900/976 calls made from my phone (no charge) ☐ Do not block. I will be responsible for all 900/976 charges.

Do you qualify for the **LIFELINE** Assistance Program? ☐ Yes ☐ No If yes, please ask for appropriate paperwork to complete

Optional Services are Included with Unlimited Voice Service: 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

Customer Proprietary Network Information (must complete in order to inquire about your telephone service)

REQUIRED: Full Name of other authorized users _____

Password (4 to 12 letters/numbers) _____ Verification: Favorite Color _____ Favorite Season _____

In accordance with the Federal Communications Commission (FCC) Customer Proprietary Network Information (CPNI) rules, only persons listed on your telephone bill as authorized users can access or change information regarding your CPNI. LaValle Telephone Cooperative is serious about keeping your information safe. Authorized users will only be able to make changes or inquire about this account by presenting a photo ID at the business office or knowing the password chosen above.

Signature _____ 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 do-not-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)	<i>*If this is your only qualifying category, proof of income must be provided. Contact the office for details about required documents.</i>
Badger Care	

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 _____, 2025 (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		Remote Control	
_____	Qty. provided to Customer	_____	Qty. provided to Customer
\$200.00 each	ADB/Amino/Innovative set top box	\$20.00 each	(Current replacement cost if not returned to LTC)
(Current replacement costs 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 pre-approval 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 this agreement and does hereby authorize LTC to install the Service at the address listed above.

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 "My Account." 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 after-hours 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.

I understand that the transfer will occur on or about the 20th of each month or the next business day if the 20th falls on a weekend or holiday.

I may revoke this automated payment authorization at any time with 10 days notice to LaValle Telephone Cooperative at the address above.

Printed Name of Account Holder

Signature

Date

Mailing Address

City, State, Zip Code

Billing Agreement Number

Contact Telephone Number

Select **ONE** option: ☐ **Checking account.** Attach a copy of your *voided, unsigned* check.

☐ **Savings account.** Include a letter from your financial institution verifying your savings account number and the routing number of the financial institution.

☐ **Credit or ☐ debit card.** Complete all information requested below.

☐ Recurring monthly payment

☐ One-time payment for _____

Name of cardholder: _____ Credit card #: _____ - _____ - _____ - _____

Card type: ☐ Visa ☐ MC Exp Date: _____