

Kalida Telephone Company, Inc.

Application for DSL Service

Date _____ Billing No. 419-532- _____ Cell No. _____

Name _____ Social Security # _____

Billing Address _____ City/State/Zip _____

Street Address _____ Township _____

Place of Employment _____ City/State _____

Spouse's Name _____ Spouse's Employment _____

Name of Your Bank _____ City/State _____

Credit Reference - (Please List a Business NOT a Person)

Name _____ City/State _____

Date To Start Service _____

Type of Dwelling ___ House ___ Mobile Home ___ Apartment Do You _____ Own or ___
Rent?

Landlord's Name & Phone Number _____

Signature _____

Office Use Only

Martins SR SG

Service Ord. #

Member #

Location #

Check Effective Date

Review SR SG

Number Book

Date Installed