

**Sign –up for Telephone Service**

Billing name & address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Directory name & address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Choose Long Distance Carrier: \_\_\_\_\_

Features to add: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_