

SUBSCRIBER AGREEMENT

Customer Information

Contact Name _____
 Company Name _____
 Contact Number _____
 Billing Address _____

 City _____ State _____ Zip _____

Credit Information

Parke County Cooperative Member? YES NO

Required Information

Social Security _____ (Residential)

OR Federal ID _____ (Business)

Indiana Rate:

- ⇒ **Rates for Continental US calls**
- INTER State/Lata calls **6.5 cents per minute**
- INTRA State/Lata calls **6.5 cents per minute**
- Toll Free Service **6.5 cents per minute**
- Calling Card **9.5 cents per minute**

Payment Options

I will pay by check/money order.
 I am interested in your automatic bank payment option
 I authorize TransWorld Network, Corp. to charge the full amount due to my credit / debit card each month on my billing date.

VISA MC AMEX DISCOVER

Card Number _____

Expiration Date _____

Name on card _____

Signature _____

**For Assistance contact Customer Service
1-877-833-2006**

Phone number(s) to switch to TWN

Area Code and Number	Located at billing address?
(____) _____	YES NO
(____) _____	YES NO
(____) _____	YES NO
(____) _____	YES NO
(____) _____	YES NO

To add additional lines, contact Customer Service – 1-877-833-2006

Toll Free Service: New Number YES NO
 Existing Number _____

Calling Cards: Number of Cards _____

Authorization

I hereby appoint TransWorld Network, Corp. to act as my agent in all matters related to long distance service and carrier selection for providing long distance service. The undersigned also authorizes any Local Exchange Company (LEC) to make pertinent information available to the Agent for this purpose and to follow the Agent's instructions with reference to any order, or change to, long distance service, which the LEC provides to the undersigned, and hereby releases such LEC from any/all liability for doing so. The customer's use of any common carrier transmission service provided by TWN, Corp. constitutes acceptance of the terms and conditions of service. It is understood that there may be a charge from our local telephone company for each line upon conversion of service from another long distance carrier. I/We agree to terms and conditions set forth herein and represent authorization to execute this contract and agency on behalf of the entity having management and operational control of the business or property herein. I also authorize TWN, Corp to obtain a credit check on me/ the company.

* _____ INTRAlata / INTRAsta	* _____ INTERlata/INTERstate & International
Initials	Initials

Authorizing Signature

* _____

PRINT NAME _____

DATE _____

*** In order for your request to be processed immediately, it is very important to include your initials as well as your signature.**

**Please fax completed form to 1-765-569-3360
Attn: Carolyn Kilby**