



FAX # 1-605-852-2400

218 Commercial Ave. SE • PO Box 157 • Highmore, SD 57345 • 1-800-824-7282

Updated 5-23-11

FOR INTERNAL USE ONLY

Telephone # _____

Due Date _____

SO # _____

Deposit _____

PICS _____

Intra / Inter Freeze

SERVICE APPLICATION – Name Change

(Please print with ink. Incomplete application may cause a delay in service.)

Billing name(s) _____

(Please list all individuals who will be responsible for the account. Husband & wife should both be listed if this is for joint membership.)

Billing address _____

City, State _____ Zip Code _____

911 Address _____

Other existing or previous phone number _____

Directory Information: Please complete if you want to be listed in the directory. If you do not want to be listed, leave blank.

Name(s) as you wish it to appear in Phone Directory _____

Address as you wish it to appear in Phone Directory _____

If you wish to have this phone number listed under any other name(s) in the Directory, list the name(s) below.

(Additional charges will apply) _____

Account Info.

Social Security # for 1st applicant. Birthdate

Responsible Party for Business Account

Social Security # for 2nd applicant Birthdate

Federal Tax ID# for Business Account

Reason for Name Change:

Marriage _____ YEARS

Divorce/Separation

Deceased Spouse

Other _____

****Please contact the Venture office to confirm any required changes to automatic payments and online accounts.****

Person(s) able to make billing changes or inquiries on this account (these people are not assuming payment responsibility for the bill) _____

I acknowledge that I have read and understand this application and assume all responsibility of any charges, local service, and all toll charged on this number as of the connect date until all service is terminated. I also agree to notify Venture Communications Cooperative when service is no longer desired. **By signing this application, I understand that I am also authorizing Venture Communications Cooperative to verify my credit information.**

SIGNATURE REQUIRED: _____ DATE: _____

If joint membership, each applicant's signature is required

CO-APPLICANT SIGNATURE: _____ DATE: _____

(OVER)



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APPLICATION FOR MEMBERSHIP
Venture Communications Cooperative

The undersigned hereby applies for membership in and agrees to take telephone service from Venture Communications Cooperative, a corporation organized under the laws of the state of South Dakota (hereinafter called the "Cooperative"), for the purpose of furnishing telephone service, upon the following terms and conditions:

- A. Making a written application for membership and telephone service.
- B. Agreeing to purchase, from the Cooperative, communications service at rates as established by the Board of Directors and to pay such amounts owed by him/her as and when the same shall become due and payable.
- C. Agreeing to comply with and be bound by the Articles of Incorporation and By-Laws of the Cooperative and any rules and regulations adopted by the Board of Directors.
- D. Agreeing to provide right-of-way and easements if necessary.

Applicant: _____ and _____
(If joint membership, each applicant's signature is required.)

Social Security # _____ and _____

Date Signed _____