



# APPLICATION

web address: [www.venturecomm.net](http://www.venturecomm.net)  
605-852-2224 Business Office  
FAX # 1-605-852-2404  
PO Box 157 · Highmore, SD 57345

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

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

Internal Use Only	
Phone #	_____
Acct #	_____
Service order #	_____
Credit Score#	_____
Deposit	_____
Pics	_____

Billing name(s) \_\_\_\_\_

Billing address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

911 Address \_\_\_\_\_

Can Be Reached # \_\_\_\_\_ Text To # \_\_\_\_\_

Email Address \_\_\_\_\_

**Customer Assurance Plan** \$2.25/Mo. This option provides our customers with a plan to cover appropriate wiring within the home or place of business, at no additional charge. Without this coverage, these repairs will be charged at \$65 per hour. If you **DO NOT** want the protection of our Customer Assurance Plan, please **check** the box. (This is for PHONE ACCOUNTS only)

### Directory (indicate one – only fill out if you will be getting a phone number with VCC)

**Published** Name to appear in Phone Directory \_\_\_\_\_  
Address to appear in Phone Directory \_\_\_\_\_

**Non Published** (will not appear in Directory /Directory Assistance/Caller ID )

**Non Listed** (will not appear in Directory but is in Directory Assistance and Caller ID )

Long Distance Dialing Provider

a. In-state Carrier Code \_\_\_\_\_

b. Out-of-State Carrier Code \_\_\_\_\_

If a long-distance provider other than Venture Long Distance is requested, you must contact the carrier to set up an account/plan and request that a letter of authorization (LOA) be sent to Venture Communications. For a complete list of carriers please contact the Venture office.

I do not wish to subscribe to long distance services

### Authorized Contacts (please print legibly) Name, Phone # and Mailing Address

These individuals will then be able to call in and inquire about my bill, make changes to my account, and add or disconnect services. Please add them to my account as authorized contacts

1) \_\_\_\_\_

2) \_\_\_\_\_

### APPLICATION FOR MEMBERSHIP

The undersigned hereby applies for membership in and agrees to take services 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 communications service, upon the following terms and conditions:

- A. Making a written application for membership and communication services.
- B. Agreeing to purchase, from the Cooperative, communication services 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. I also agree to notify Venture Communications Cooperative when service is no longer desired.
- C. Agreeing to comply with and be bound by the Articles of Incorporation, By-Laws of the Cooperative, and Communications Services Catalogue and any rules and regulations adopted by the Board of Directors.
- D. Agreeing to provide right-of-way and easements if necessary.
- E. Applicant shall be bound by the terms, conditions, and policies outlined in Venture Communication's Acceptable Use Policy and Residential Terms and Conditions. Copies of these documents are available on the Venture Communications website (above) and in hard copy upon request.

**By signing this application, I understand that I am also authorizing Venture Communications Cooperative to verify my credit information.**

(If joint membership, each applicant's signature is required)

Signature: Applicant 1 \_\_\_\_\_ and Applicant 2 \_\_\_\_\_

Social Security # / Federal Tax Id #: Applicant 1 \_\_\_\_\_ Applicant 2 \_\_\_\_\_

Date of Birth: Applicant 1 \_\_\_\_\_ Applicant 2 \_\_\_\_\_