



Service Application

Gilbert, Roland, Jewell

1001 Tennyson Ave • Stratford, IA 50249
515-838-2390 • Toll Free: 800-426-1646
www.stratfordtelephone.com

PERSONAL INFORMATION

Applicant

Name _____ Business Name _____
Phone _____ Social Security # or Tax ID _____
Email _____ Date of Birth _____

Service Address _____ City _____
Billing Address _____ State _____ Zip _____

Employer _____ Length of Employment _____
Address _____ Bank Name _____

Account Security (Used to verify your identity when you call in)

Security Question: *In what year were you born?*

Answer _____ Password (4-digits) _____

Forgot Password Question: *What is the last name of your favorite teacher?*

Answer _____

Co-Applicant

Name _____ Social Security # _____
Phone _____ Date of Birth _____
Email _____

Employer _____ Length of Employment _____
Address _____ Reference _____

SERVICE INFORMATION

Start Date for Service _____ Additional Information / Special Instructions _____
Previous Service with us before? Yes No _____
If so, when? _____
Account # _____
Entered by SMTC



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CABLE MODEM INTERNET OPTIONS

Select the level that best suits your needs.
Prices listed on enclosed sheet.

- | | |
|----------------------------------|---|
| <input type="checkbox"/> Level 1 | <input type="checkbox"/> Static IP |
| <input type="checkbox"/> Level 2 | How many? _____ |
| <input type="checkbox"/> Level 3 | <input type="checkbox"/> Complete WiFi
<i>Managed WiFi solution for
your entire home</i> |

COMPLETE TV VIDEO OPTIONS

Select each service requested.
Prices listed on enclosed sheet.

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Basic | Premium Movie Packages: |
| <input type="checkbox"/> Expanded Basic | <input type="checkbox"/> Cinemax |
| <input type="checkbox"/> DVR | <input type="checkbox"/> Encore/Starz |
| <input type="checkbox"/> Whole-home DVR | <input type="checkbox"/> HBO |
| <input type="checkbox"/> HD Equipment | <input type="checkbox"/> Showtime |

Number of set top boxes required (*up to 8 available*): _____

BILLING PROCESS

*All services are billed on one bill coming from Complete Communication Services on the 1st of each month. **Bills are due by 11:00 AM on the 22nd of the month.** Service is subject to disconnection if not paid by 11:00 AM on the 29th of the month. Should any of these dates fall on a holiday or weekend, then they become due on the next business day.* We accept MasterCard or Visa credit or debit cards and we do have an automated bill paying service.*

**Customers can pay online at www.stratfordtelephone.com as well as in our office at 1001 Tennyson Avenue or by mail to PO Box 438, Stratford, IA 50249.*

CUSTOMER ACKNOWLEDGEMENT

In making this application, the undersigned agrees to the rules and regulations of Stratford Mutual Telephone Company as set forth in the exchange tariff, and to any changes in rules, or rates for the service furnished under this application. This application becomes a contract when accepted by the Stratford Mutual Telephone Company.

Applicant's Signature _____ Phone # _____

Co-Applicant Signature _____ Date _____

Accepted by SMTC Representative _____