

**ANCHORAGE OFFICE**  
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 Anchorage, Alaska 99503  
 1-800-478-6409  
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 Utqiagvik, Alaska 99723  
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[www.astac.net](http://www.astac.net) • [business@astac.net](mailto:business@astac.net)

**BUSINESS TELEPHONE APPLICATION**

Circle one

Business Name: \_\_\_\_\_ **Sole Proprietor** **Corporation**

Federal Tax ID # \_\_\_\_\_

**Tax Exempt?** If yes, please attach completed Exemption Certificate from IRS website  
<https://www.irs.gov/charities-non-profits/exempt-organizations-forms-and-instructions>

Primary Contact Name \_\_\_\_\_ Contact Phone # \_\_\_\_\_

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

Billing Address \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (PO Box only for North Slope) (City) (State) (Zip Code)

Location of Service \_\_\_\_\_ / \_\_\_\_\_  
 (House or Bldg. # and Room #) (City)

**CPNI VERIFICATION PASSWORDS**

You will be required to use these password(s) for any account access or related services with ASTAC via phone, in-person or on the web.

\_\_\_\_\_ / \_\_\_\_\_  
**Please provide a Security Question and Answer (use an example or make your own)** **Passphrase**  
*Examples: What is the name of your favorite pet? Any combination of letters and/or numbers*  
*What is the name of your favorite movie?*  
*What is your favorite color?*  
*What is your first best friend's name?*

**Authorized Parties to contact ASTAC on behalf of this business**

- I. Name \_\_\_\_\_ Contact Number \_\_\_\_\_
- II. Name \_\_\_\_\_ Contact Number \_\_\_\_\_
- III. Name \_\_\_\_\_ Contact Number \_\_\_\_\_

**TELEPHONE DIRECTORY LISTING**

Write your name as you would like it to appear in the directory, and select the directory option below

\_\_\_\_\_ (Business Directory Listing)

- LISTED** (In the phone directory, listed with the operator) **No Charge**
- NONLISTED** (Not in the phone directory, but listed with the operator) **\$2.10 per month**
- NONPUBLISHED** (Not in the phone directory, not listed with the operator) **\$2.10 per month**

**LONG DISTANCE** Please select one option.

- ASTAC LD**  Nationwide Long Distance Calling \$.07 per minute. International calling rates apply.\*\*
- OTHER:**  **AT&T\***  **GCI\***  **ACS\*** (Deadhorse area)

\*Customer will need to contact the LD provider and set up an account to be billed correctly.

\*\*Nationwide calling rate does not apply to US territories and International calls.

**CUSTOM CALLING FEATURES**

Check all features you would like included with the calling service. Additional monthly fees apply.

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Anonymous Call Rejection \$4.10 | <input type="checkbox"/> Call Waiting \$3.10           | <input type="checkbox"/> Speed Calling – 8 codes \$2.60               | <input type="checkbox"/> Three Way Calling \$2.60                     |
| <input type="checkbox"/> Calling Number ID \$7.20        | <input type="checkbox"/> Continuous Redial \$4.10      | <input type="checkbox"/> Speed Calling – 30 codes \$4.10              | <input type="checkbox"/> VIP Alert/Customized Ringing \$3.60          |
| <input type="checkbox"/> Call Forward, Remote \$6.00     | <input type="checkbox"/> Last Call Return \$4.10       | <input type="checkbox"/> Toll Restriction (Total) \$4.05              | <input type="checkbox"/> Wake Up, per request \$2.05                  |
| <input type="checkbox"/> Call Forward, Variable \$2.60   | <input type="checkbox"/> Smart Ring (Teen line) \$2.05 | <input type="checkbox"/> Toll Restriction (Block 1+, Allow 0+) \$4.05 | <input type="checkbox"/> 900# Block, install (first time free) \$0.00 |

**PLEASE READ ALL TERMS AND CONDITIONS ON PAGE 2 BEFORE SIGNING**

For Office Use Only – Rev. 5/1/17  
 Date Received \_\_\_\_\_ Date Completed \_\_\_\_\_  
 Phone # Assigned \_\_\_\_\_ Customer Account # \_\_\_\_\_  
 SO# \_\_\_\_\_  
 CSR Initials \_\_\_\_\_

# BUSINESS TELEPHONE APPLICATION

## SERVICE AGREEMENT

The applicants certify that they are the owners/lessees/tenants of the premises where service is applied for with the lawful authority to sign this application for telephone service and agree to pay the applicable rates and abide by all conditions as prescribed by the Arctic Slope Telephone Association Cooperative, Inc. Tariff for all present and future telephone service. Acceptance of this application by Arctic Slope Telephone Association Cooperative, Inc. constitutes a contract between Arctic Slope Telephone Association Cooperative, Inc. and the applicants. All costs incurred by Arctic Slope Telephone Association Cooperative, Inc. for the collection of any unpaid accounts shall be paid by the applicants. All terms and conditions of the agreement with the original subscriber are incorporated herein by this reference.

We hereby declare that the information provided is true, accurate, and complete to the best of our knowledge and belief, and is voluntarily submitted for the use of receiving telephone service. It is understood that upon presentation, this application becomes the property of Arctic Slope Telephone Association Cooperative, Inc. We also certify that we are each eighteen (18) years of age or older.

The information furnished on this application will be used to determine if a deposit will be required for telephone service. Your signatures in the designated locations authorize Arctic Slope Telephone Association Cooperative, Inc. to conduct credit checks in order to determine possible deposit requirements. A photocopy of these signatures will be considered authorized signatures.

## STATEMENT OF NONDISCRIMINATION

Arctic Slope Telephone Association Cooperative, Inc. is the recipient of Federal financial assistance from the Rural Utilities Service (RUS), an agency of the U.S. Department of Agriculture, and is subject to the provisions of Title VI of the Civil Rights Act of 1964, as amended, Section 504 of the Rehabilitation Act of 1973, as amended, the Age Discrimination Act of 1975, as amended, and the rules and regulations of the U.S. Department of Agriculture which provide that no person in the United States on the basis of race, color, national origin, age, or handicap shall be excluded from participation in, admission to, denied the benefits of, or otherwise be subjected to discrimination under any of this organization's programs or activities.

The person responsible for the coordinating of the organization's nondiscrimination compliance efforts is the General Manager. Any individual, or specific class of individuals, who feels that this organization has subjected them to discrimination may obtain further information about the statutes and regulations listed above from and/or file a written complaint with this organization; or the Secretary, U.S. Department of Agriculture, Washington, D.C. 20250; or the Administrator, Rural Utilities Service, Washington, D.C. 20250. Complaints must be filed within 180 days after the alleged discrimination. Confidentiality will be maintained to the extent possible.

By signing this agreement, customers authorize ASTAC to perform credit checks to obtain information. Customers further acknowledge having read and understood the terms on the reverse side and agrees to be bound hereby.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Owner/Authorized Signer (Please print)                      Date                      Owner/Authorized Signer (Signature)