



Terril Telephone Cooperative

CPNI Authentication Information for:

Name: _____

Acct # _____

Address: _____

Phone Number: _____

Name on Account _____ (who is responsible for the bill)

Authentication Question for residential customers: In what city were you born?

Your Answer: _____

(Please make sure everyone you list below knows this answer)

Authentication Question for business customers: What is your specialty?

Your Answer: _____

(Please make sure everyone you list below knows this answer)

_____ No, I do not want to add any additional authorized contacts to my account

_____ Yes, I would like to add the following as authorized contacts for my account

Please list the names and contact information of those people who can make changes and/or have access to personal information within your account such as records and payment history as well as other information.

Name

Phone Number

Email Address

1. _____

2. _____

3. _____

4. _____

By signing below, you are expressly requesting that Terril Telephone Cooperative share certain account detail information, including Customer Proprietary Network Information, with authorized account users and is authorizing the company to share such information with authorized users as necessary to address service and account inquiries initiated by the account owner or any authorized user.

Applicants Signature _____ Date _____