Copper Valley Long Distance Terms & Conditions

Legal/Customer Name: _____ ***Main Billing Number/Account Number*** _____

Copper Valley Long Distance (CVLD) and the Customer, enter into this Agreement. The parties agree that CVLD will provide services to the customer under the terms and conditions and for the fees and charges set forth below:

SERVICES: The Customer subscribes to the _____ Plan. CVLD will provide Intrastate and Interstate long distance calling service over all telephone lines under the account, unless specified by the customer. The main number for this account is:_____ Only one plan is allowed per account. Specific lines may be excluded at the request of the customer for purposes of toll restriction.

PAYMENT: This service will be billed monthly on the Customer's Copper Valley Telephone Cooperative (CVTC) billing statement. Monthly payment for this service is due and payable through the terms and conditions associated with CVTC's monthly billing statement.

DEPOSIT: Customer may be required to supply a financial guarantee of their long distance account. Upon a customer's initial activation or reactivation, CVLD allows this to be in one of two forms:
a. Auto-pay using a valid Visa or MasterCard, or bank draft from an account in the customer's name. This option may be set up at the time customer signs up for service. The credit card or bank account will be charged each month for the balance due.
b. A deposit, payable in cash, check, money order or billed to a Visa, MasterCard, or Discover credit card held in the customer's name. This deposit is eligible for refund after one year of good payment history, which means no delinquent payments, disconnected service for non-payment, and no NSF checks or denied bank draft or credit card payment within 12 consecutive months.

LONG DISTANCE MINUTES CHARGES: A monthly fee is charged according to the plan subscribed to by the customer. Minutes in excess of the included minutes of use will be billed to the Customer at the designated rate for the plan. International calls are not part of this plan and will be billed according to a fee schedule that is subject to change based on applicable rates for each country called. The toll cycle for long distance calling is from the 20th of the month through the 19th of the month. Minutes are rated for the bill issued on the 1st of the month following the end of the toll cycle.

TERM: The term of this Agreement is for one month. If Customer chooses to disconnect service prior to the completion of one month of service for any reason, the Customer will not be reimbursed for that month's charges.

PIC CHARGES: CVLD will pay Copper Valley Telephone Cooperative for all applicable Primary Interexchange change fees for the Customer.

TERMINATION: Failure to make any payment due or to perform any obligation under this agreement constitutes default of the agreement and all unpaid amounts shall become immediately due and payable to CVTC. Customer may be toll restricted if past due balances are unpaid.

ASSIGNMENT: The customer may not assign, transfer, or dispose of, in any manner, any of its rights or obligations under this Agreement unless approved by the Company.

CUSTOMER PRIVACY POLICY: Prior to releasing information to you about your account & services, CVTC staff will ask you for proof of identification. We will require picture identification if you are visiting one of our offices. If you contact us by phone, we will ask you to provide a password. If you prefer not to use a password, we can call you back at the phone number of your account or mail your information to the billing address on your account (address needs to have been in effect for at least 30 days). As additional safeguards, we will send you notification when your billing address, password, secret question, or email address has been changed. We will only use information on your account for target marketing within our Copper Valley companies if you have not told us you wish to opt out of these campaigns. An annual opt-out card will be mailed to all customers. You can also contact us at any time to opt out of these campaigns. We will not share your information with any 3rd party for marketing purposes. We must have a signed list of people authorized to receive information about your account and services. If you choose to use a password, we encourage you to review it and make sure that it meets the following criteria so that it is difficult to guess. Passwords must be a minimum of 8 characters long, including 3 numbers. Customer Service Representatives are available to assist you in setting up these safeguards. These safeguards are required by Order 07-0222 of the Federal Communication Commission (FCC).

I certify that I am authorized to make the above commitments for this service and that I accept the terms & conditions for service.

Applicant _____ **Date:** _____

Co-Applicant_____ **Date:** _____

LETTER OF AUTHORIZATION
Long Distance Telephone Services

By signing below, I authorize Copper Valley Long Distance **to become the provider of long distance services for the account telephone number(s) listed below. This letter authorizes** Copper Valley Long Distance **to place orders on my behalf for the provision of long distance services until otherwise revoked. I understand that it may take up to 4 business days for this change to be implemented.**

I understand that I may only designate one primary carrier for my interLATA calls, (including international and interstate) and one primary carrier for my intraLATA, intrastate calls.

I certify that I have the authority to make such designations on the services listed below.

Billing name on account: _____

Billing address of account: _____

_____

Primary number to be changed: _____

Please check all that apply: ♦ Intrastate calls ♦ Interstate

Additional number to be changed: _____

Please check all that apply: ☐ Intrastate calls ☐ Interstate

Additional number to be changed: _____

Please check all that apply: ☐ Intrastate calls ☐ Interstate

Additional number to be changed: _____

Please check all that apply: ☐ Intrastate calls ☐ Interstate

Authorized Signature: _____

Printed Name: _____

Contact Telephone number: _____

Dated: _____

For [NAME OF COMPANY}: _____

☐ **NOTICE OF CHANGE** _____ _____
(date) (initial)