ILEC



New Customer Application (Digital TV, High Speed Internet, and Nationwide Cellular forms are separate)

Please complete necessary fields and return to Albany Fiber Communications by mail at 131 6th Street Albany, MN 56307 or by fax to 320.845.7000. If you have any questions please do not hesitate to call 320.845.2101 or visit www.albanytel.com

Customer Information		
Name (Directory Listing):	Date:	
	Township:	
Billing Address (if different)	County	
Email Address:		
Type of Dwelling: Business Residence	ce Mobile Home: Yes No	
If this is a new structure please provide di	rections to the location:	
Name of party who last lived at this location	on:	<u> </u>
Nearest neighbor who has our service:		
Credit Information		
Date of Birth: Social Secur	ity #: Single/Married:	
Spouses Name (if applicable):	Spouses Social Security #:	
Place of Employment:	Spouse:	
Name of Residents over 18 at this location	n	
Nearest Relative and telephone number _		
Are you renting this property? Yes N	0	
Previous/current telephone service provid	er: Your Telephone Number	
Date Disconnected:		
Have you been our customer before? Yes	No	
If yes, Date: Previous Telephor	ne number:	
May we contact you at your place of empl	oyment? Yes No If yes, telephone number:	
Calling Features		
Calling features can be added to any Tele	phone line.	
Caller ID (Name and Number)	4.95/mo Selective Call Forwarding	.75/mo
Voice Mail	3.50/mo Automatic Call Back	.75/mo
Three-Way Calling	1.50/mo Automatic Recall	.75/mo
Selective Toll Restriction	3.50/mo Distinctive Ringing/Call Waiting	1.25/mo
Call Waiting	1.50/mo Selective Call Acceptance	.75/mo
Call Forwarding	1.50/mo Selective Call Rejection	.75/mo
Speed Calling	1.50/mo	
	Please continu	ıe on other side
Office Use Only		
NUMBER ASSIGNED	DATE SERVICE WILL BEGIN	

Eight-hour battery backup \$3.00 per month
Battery backup for calling 911 emergency services only during a commercial power outage. A traditional hard-wired phone would be required in your home to make a phone call. Cordless phones will not work due to them requiring power.
Long Distance Service
As an Albany Fiber Communications customer, toll-free calling is available between the exchanges of 845, 836, and 837. Additionally, Albany (845) residents have Extended Area Service to Upsala (573), Avon (356) and Holdingford (746). Freeport (836) residents can call Upsala (573) toll free. All other calls will incur long distance charges. Albany Fiber Communications offers several options to make your long distance calling fit your needs while being very affordable.
○ Flat 14¢ plan (14¢ no matter how much or as little as you talk. No monthly fees)
 1.95 & 11 (\$1.95 per month and all calls are just 11¢ per minute)
o 4.95 & 9 (\$4.95 per month and all calls are just 9¢ per minute)
 Unlimited* (\$44.95 per month, call as much as you like with no per minute fees) * Unlimited calling plan is for residential use only and requires acceptable use policy (PDF).
○ No Long Distance service.
Do you want 800 number calling ability? Yes No
Would you like 900 numbers blocked? Yes No If no, I agree to pay for these calls (sign):
Albany Mutual Telephone can give your account a PIC Freeze to stop undesired changes in Long Distance carriers. Would you like your account to have a PIC Freeze? Yes No
To begin Service
* Complete this form. Also, depending on your income, you may qualify for a discount on phone service (Lifeline) or
reduced installation fees (LinkUp) – check the Telephone Assistance Program (TAP) form or call our office.
* Provide us with a copy of your valid driver's license.
* Please fill out Digital TV , High Speed Internet , and Nationwide Cellular forms separately. (www.albanytel.com)
* A Deposit may be required depending upon creditworthiness. (You will be notified if this is required)
* If Plowing is required, we will be in contact with you after forms are completed.
* Date you would like service to begin
* An installation charge of must be paid before service is connected. (Call for price)
* Telephone bills are due on the 25 th of each month, services are subject to disconnect if payment is not made by the 25 th of each month.
* I acknowledge that the above information is accurate to the best of my knowledge. Additionally, I understand if found
otherwise, service may be disconnected immediately.
Signature of person responsible for paying the bill Spouse
CELL PHONE NUMBER