



MASTER ACCOUNT APPLICATION

Date ____ / ____ / ____

Account Information

Reseller ____ Tax Exempt ____ Tax Code ____ State ____

Certificate of Authority Attached ____ Yes ____ No Estimated Monthly Bill ____

Company Name: _____ OCN: _____

Contact Information			
	Corporate	Local	Billing
Name			
Street / PO Box			
City, State, ZIP			
Telephone			
FAX			

Credit Information	
<u>Previous Service with TDS Telecom</u> Address: City, State, ZIP: Telephone: Date:	<u>Current Service with TDS Telecom</u> Address: City, State, ZIP: Telephone: Date:

Ownership		
<p>____ Individual ____ Partnership</p>		
Name: _____		Telephone: _____
Name: _____		Telephone: _____
Corporation		
Officer	Name	Telephone
President		
Vice President		
Secretary		
Treasurer		