



Application for Access Services

(To be completed by applicants for Fidium Fiber provisioning of access services.)

I.	GENERAL INFORMATION:		
	COMPANY NAME:		
	ADDRESS:		
	CITY:		
	STATE:		ZIP CODE:
	TELEPHONE NO: ()	FAX NO: ()	

II.	INDICATE THE APPROPRIATE CLASSIFICATION AND COMPLETE THE ASSOCIATED INFORMATION:		
	☐ []	SOLE OWNERSHIP	
		OWNER NAME:	

	☐ []	PARTNERSHIP		
		PARTNER(S) NAME(S)	ADDRESS	TEL. NO.
	1.			()
	2.			()
	3.			()

	☐ []	CORPORATION:		
		DATE INCORPORATED:		
		CITY/STATE INCORPORATED:		

		PRIMARY COMPANY OFFICERS:		
		NAME(S)	ADDRESS	TEL. NO.
	1.			()
	2.			()
	3.			()

	PARENT CORPORATION (IF APPLICABLE):			
	LIST ALL STOCKHOLDERS WHO HOLD 20% OR MORE OWNERSHIP SHARES:			

III.	LENGTH OF TIME IN THIS LINE OF BUSINESS
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IV. LIST ALL FIDIUM FIBER STATES IN WHICH LICENSED TO DO BUSINESS

State Sales Tax Exemption form(s) and Federal Exemption Certificate must be attached if applicable.

V. PRINCIPAL BANK NAME:

ADDRESS:	CITY:	STATE:
ACCOUNT NUMBER:		

LIST COMPANY'S THREE LARGEST UNSECURED CREDITORS:

	NAME(S)	ADDRESS	TEL. NO.
1.			()
2.			()
3.			()

**ANY SUITS, JUDGEMENTS, LEGAL PROCEEDINGS OR BANKRUPTCIES?
(GIVE DETAILS. ATTACH ADDITIONAL SHEETS IF NECESSARY.)**

1.
2.

VI. PLEASE ATTACH A COPY OF ONE OF THE FOLLOWING DOCUMENTS:

1. MOST RECENT THREE-YEAR ANNUAL REPORT OR AUDITED FINANCIAL STATEMENT FOR THE COMPANY NAMED ABOVE. THIS STATEMENT MUST INCLUDE A MINIMUM OF:	
A.	INCOME STATEMENT FOR THREE YEARS
B.	BALANCE SHEETS FOR THREE YEARS
C.	SCORES AND USERS OF FUNDS FOR THREE YEARS
D.	RETAINED EARNINGS (OWNER EQUITY) FOR THREE YEARS
2. MOST RECENT QUARTERLY FINANCIAL STATEMENT	

IN MAKING THIS APPLICATION, APPLICANT UNDERSTANDS THAT THIS IS MERELY AN APPLICATION AND IS NOT A CONTRACT FOR ACCESS SERVICES.

Signature of Applicant	Date