



Smart Hub Registration

Name on Account: _____

Phone Number: _____ Account Number: _____

E-mail address to be used for the E-Statements: _____

Check if you would like a Paper Copy

I authorize The Arthur Mutual Telephone Company to set up E-bill on my account.

Signature of Account Holder or Authorized User

_____ Date _____

_____ Date _____

_____ Date _____

[You will find your monthly invoice at https://artelco.smarthub.coop](https://artelco.smarthub.coop)

[If you have any questions or concerns, please contact us at 419-393-2233.](tel:419-393-2233)

Billing questions can be emailed to arthurbilling@artelco.net.

CPNI Privacy Forms must be filled out at our office prior to enrollment