

Richland-Grant Telephone Cooperative

202 N. East Street | P.O. Box 67 Blue River, WI 53518

PH: 608-537-2461 | FX: 608-537-2222

info@rgtc.coop

APPLICATION FOR SERVICES

INTERNET PACKAGES	Price	Total
Unlimited Data at 30 Mb/15 Mb 32	\$63/month	
Unlimited Data at 60 Mb/30 Mb ²⁴	\$73/month	
Unlimited Data at 120 Mb/60 Mb ¹⁶	\$83/month	
Unlimited Data at 200 Mb/100 Mb 8	\$93/month	
Unlimited Data at 500 Mb/250 Mb 52	\$130/month	
Unlimited Data at 1 Gb/500 Mb ⁴⁴	\$200/month	
INTERNET AND PHONE PACKAGES	Price	
Unlimited Data at 30 Mb/15 Mb with Unlimited Phone Services 28	\$77.48/month	
Unlimited Data at 60 Mb/30 Mb with Unlimited Phone Services 20	\$87.48/month	
Unlimited Data at 120 Mb/60 Mb with Unlimited Phone Services 12	\$97.48/month	
Unlimited Data at 200 Mb/100 Mb with Unlimited Phone Services ⁴	\$107.48/month	
Unlimited Data at 500 Mb/250 Mb with Unlimited Phone Services 48	\$144.48/month	
Unlimited Data at 1 Gb/500 Mb with Unlimited Phone Services 40	\$214.48/month	
PHONE PACKAGE	Price	
Unlimited Phone Service ³⁶ \$26/month plus Interstate Access, Federal & State Service Charges, Police/Fire Protection, and E911.	\$37.48/month	
Includes all Local and Long Distance calling in the *Reasonable Use Policy, and your choice of any/all Calling Features (voicemail, caller Id, etc.)	φο <i>τ</i> .4ο/ποπατ	
TV AND PHONE PACKAGES** (Cannot have stand alone TV)	Price	
Basic Package with Unlimited Phone Service 35	\$94.48/month	
Expanded Package with Unlimited Phone Service 34	\$151.48/month	
Premium Package with Unlimited Phone Service 33	\$161.48/month	
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ADD TV PACKAGES" TO INTERNET OR INTERNET AND PHONE (Cannot have stand alone TV)	Price	
Basic Package	\$45/month	
Expanded Package	\$102/month	
Premium Package	\$112/month	
NOTE: TV Packages can be added to any Phone and/or Internet package but can not be purchased as a stand alone service.	Delta	
Additional TV Services** (Optional)	Price	
Additional Set-Top Box (1 STB is included FREE with the package)	\$5/each/month	
Digital TV Recorder - 500 Gb Storage (Whole Home)	\$8.95/month	
Digital TV Recorder - 1 TB Storage (Whole Home)	\$12.95/month	
Additional Movie Channels** (Optional) HBO	Price	
пво	\$16.99/month	
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Cinemax	\$13.99/month	
Cinemax Showtime	\$16.99/month	
Cinemax Showtime STARZ	\$16.99/month \$13.99/month	
Cinemax Showtime STARZ Pick 2 Movie Channels	\$16.99/month \$13.99/month \$27/month	
Cinemax Showtime STARZ Pick 2 Movie Channels Pick 3 Movie Channels	\$16.99/month \$13.99/month \$27/month \$39/month	
Cinemax Showtime STARZ Pick 2 Movie Channels	\$16.99/month \$13.99/month \$27/month	

^{*}Reasonable Use Policy: Unlimited long Distance is intended primarily for the social or domestic use of our residential customers within the 48 contiguous states & ECC. Directory calls (411) are \$0.95. It is not intended to be used for business activity such as commercial facsimile, resale, three way calling, telemarketing, prolonged dial up connections or auto dialing. Usage that greatly exceeds the typical use of our customer base will be considered excessive. The Cooperative reserves the right to suspend, restrict or cancel the Customer's use, subject to applicable notice requirements. (Business lines receive 700 minutes of unlimited long distance)
**TV Packages are subject to yearly increases due to programming changes with content providers.

Applicant Information							
Last name:	First name:		M.I.	Contact number (where we can call with questions):			
				Contact 6			
Billing address: (if different than the physical address)			<u> </u>	County se			you had, or do you currently have any services such as Telephone, Internet, leo? YES or NO
City:	City: State:		Zip:		Lifeline Credit: on Telephone or Intern Do you qualify for the LIFELINE Assistance Program?		
Physical 911/directory address for servi	ice:				☐ Yes ☐ N If yes, additiona		will need to be completed.
City:	ty: State:		Zip:	Property: Own Rent Name of Landlord: Contact #:			
Previous address:							
Social Security #:			Employer:			Or other source of income:	
Driver's license #		What state?	Date of birth			Date requesting service:	
Information for Other Adult(s) Living in the Household(required): ☐ Joint accountholder ☐ Authorized user ☐ Neithe							
Last name:	First name	e		M.I. Cellular phone #:		#:	
Social Security #:	Driver's licens	e #:	What state	e: Date	of birth:		Employer:
As a recipient of Federal assistance, Richland-Grant Telephone Cooperative is required to identify and document, as accurately as possible, the racial/ethnic data of the eligible population in our service area. The information you provide will be used only for Federal government reporting purposes. Please note, your response is optional. You may contact the General Manager at (608) 537-2461 with any questions. <i>Thank you for your assistance</i> . RACIAL/ETHNIC GROUP: White Black Hispanic American Indian or Alaskan Native Asian or Pacific Islander							
REQUIRED : 1. Provide an account password:(number or letters)							
2. Password hint that will remind you: Example: Password: Spot Hint: j				sword: <u>Spot</u> Hint: <u>first pet</u>			
In accordance with The Fed rules, only persons listed or ask for a photo ID of all cus	your accoun	it can access or cl	hange in	formation	n. The FCC red	quires	
List the full name of authoriz	zed users <u>ot</u> l	<u>her than</u> the acc	ount he	olders:			
In making this application for I/we agree to pay the electric I/we agree to pay instally agree to the rules I/we also authorize Richard verify other information I certify that I am at least As a customer, you are a me Membership is automatic up	established r llation fees and regulat hland-Grant ormation. est 18 years mber of this	rates for all serve (\$40-\$100) if sections of the Coo Telephone Coo of age.	vices an ervices a perativ operativ	d/or equare not ke as set for to ord	ipment. ept for a miniforth in the exert a consume	kchanger crec	ge tariff. lit report d no certificate is issued.
Signature					Date		

If You are Applying for Any Phone Package, Please Complete This Section:

Do you want to keep your current phor Exact Name on Account:				Password:
Directory Listing Information: ✓ □ Published (Free) □ Unlisted (\$1.25/mo. (· · · · · · · · · · · · · · · · · · ·		•	ssistance)
Name(s) as it should appear in the directory:	Extra listings: (\$1.25/mo)			
Long Distance Options:				
Choose a toll carrier for each LATA or block long dista InterLATA (outside 608 area code): IntraLATA (within 608 area code): For the Free Long Distance to the 48 conti Unlimited Voice Packages, choose RGLD fo	Primary Interexchange Carrier (PIC) Freeze: This FREE service prevents another carrier from changing your long distance without your permission. (also known as Slamming) Yes (recommended)			
900/976 Number Option: (choose one) Yes, block all 900/976 calls made from m Optional Features Included Free in Voice			·	le for all 900/976 charges.
Most Popular	Other A	_		Service Options
Calling Features:	Calling Features:		(Pricing Varies by Service)	
Caller ID (Name & Number)	☐ 3-Way Confe		☐ Teen Line/Distincti	ve Ring \$3.00 /month
Caller ID (Name, Number,	☐ 8# Speed Dia☐ 30# Speed Di			
& Call Waiting)	☐ Automatic Ca		☐ Installation of inside	e wiring for detailed pricing)
Caller ID on TV (avail. with RGTC TV only)	☐ Automatic Re☐ Fixed Call For	ward	Lease a telephone (
Voice Mail	Pin Variable Call I			•
(VM answers after # rings)		ss Call Forward	Leased RGTC phone	es are at this location
Voice Mail-To Email Notification	☐ Selective Call			
Email address:	☐ Selective Call	Rejection		
If You are App	lying for Intern	et Service, Ple	ase Review This Sect	tion:
REQUIRED WIFI PASSWORD: Please provide	e a Wifi Password	that contains a m	inimum of 8 characters.	

REQUIRED WIFI PASSWORD : Please prov Password:	vide a Wifi Password t	hat contains a minimum of 8 characters.		
OPTIONAL FREE MWT EMAIL: A MWT login is not necessary for general Internet use. Only complete below with your information if you would like to use a MWT (Midwest Tel Net) email address. If you would like more than 1, please tell your customer service representative.				
PASSWORD REQUIREMENTS: Minimum length of 8, cannot contain the username, must have at least 1 upper case letter, must have at least 1 lower case letter, must have at least 1 number.				
Login:	@mwt.net	Password:		

^{*}Upon completion of filling out the application, click "Save As" or download the document to save your application onto your device. Then email us the saved application (pdf).



202 N. East St. P.O. Box 67 Blue River, WI 53518 608-537-2461 608-537-2222 (fax) www.rgtc.coop

Convenient Options for Paying Your Bill

Automatic withdrawal: Complete the Automated Payment Authorization form below for automatic withdrawal on the 10th of each month from your checking, savings, debit card or credit card.

Online payment: The Richland-Grant Telephone website home page (www.rgtc.coop) offers the option to "Click Here to Pay Your Bill Online with E-bill." From there, just register your information. You can view and pay your bill online. If you elect the option to go "paperless," meaning we no longer mail you a paper bill, you will receive an email notification when the bill is available to be viewed.

Online payment service: Many banks offer bill payment services through their banking websites. You decide who, when, and how much you pay. Check with your bank for details.

Payment by telephone: Call our office (611 or 537-2461) for credit or debit card payments.

Payment drop-off at these locations: Royal Bank of Gays Mills, Peoples State Bank in Soldiers Grove, the Richland-Grant Telephone business office in Blue River.

Automated Payment Authorization

I hereby authorize automatic withdrawal from my financial institution, as indicated below, for charges incurred as a result of my relationship with Richland-Grant Telephone Cooperative.

I understand that the transfer will occur on or about the 10th of each month or the next business day if the 10th falls on a weekend or holiday.

I may revoke this automated payment authorization at any time with 10 days notice to Richland-Grant Telephone Cooperative at the address above.

Printed Name of Account Holder

Signature

Date

Mailing Address

City, State, Zip Code

Billing Telephone Number

Contact Telephone Number