

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	\$77.60/month	
	Unlimited Data at 60 Mb/30 Mb with Unlimited Phone Services ²⁰	\$87.60/month	
	Unlimited Data at 120 Mb/60 Mb with Unlimited Phone Services ¹²	\$97.60/month	
	Unlimited Data at 200 Mb/100 Mb with Unlimited Phone Services ⁴	\$107.60/month	
	Unlimited Data at 500 Mb/250 Mb with Unlimited Phone Services ⁴⁸	\$144.60/month	
	Unlimited Data at 1 Gb/500 Mb with Unlimited Phone Services ⁴⁰	\$214.60/month	
PHONE PACKAGE		Price	
	Unlimited Phone Service ³⁶ \$26/month plus Interstate Access, Federal & State Service Charges, Police/Fire Protection, and E911. Includes all Local and Long Distance calling in the *Reasonable Use Policy, and your choice of any/all Calling Features (voicemail, caller ID, etc.)	\$37.60/month	
TV AND PHONE PACKAGES** (Cannot have stand alone TV)		Price	
	Basic Package with Unlimited Phone Service ³⁵	\$97.60/month	
	Expanded Package with Unlimited Phone Service ³⁴	\$157.60/month	
	Premium Package with Unlimited Phone Service ³³	\$167.60/month	
ADD TV PACKAGES** TO INTERNET <u>OR</u> INTERNET AND PHONE (Cannot have stand alone TV)		Price	
	Basic Package	\$48/month	
	Expanded Package	\$108/month	
	Premium Package	\$118/month	
NOTE: TV Packages can be added to any Phone and/or Internet package but can not be purchased as a stand alone service.			
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)		Price	
	HBO	\$16.99/month	
	Cinemax	\$13.99/month	
	Showtime	\$16.99/month	
	STARZ	\$13.99/month	
	Pick 2 Movie Channels	\$27/month	
	Pick 3 Movie Channels	\$39/month	
	Pick 4 Movie Channels	\$48/month	
	Playboy - No Volume Discount	\$15/month	
Total:			

*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 email:
Billing address: (if different than the physical address)				County service will be in:	Have you had, or do you currently have any RGTC services such as Telephone, Internet, or Video? YES or NO
City:		State:	Zip:		Lifeline/Affordable Connectivity Program Credit Do you qualify for the LIFELINE and/or ACP Assistance Programs? Lifeline: <input type="checkbox"/> Yes <input type="checkbox"/> No ACP: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, additional forms will need to be completed.
Physical 911/directory address for service:					
City:		State:	Zip:		Property: <input type="checkbox"/> Own <input type="checkbox"/> Rent Name of Landlord: Contact #:
Previous address:					
Social Security #: <i>**Required</i>				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 ☐ Neither

Last name:		First name		M.I.	Cellular phone #:
Social Security #: <i>*Required for Joint Holder</i>	Driver's license #:		What state:	Date of birth:	Employer:

CIVIL RIGHTS COMPLIANCE / DATA COLLECTION POLICY

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. *Thank you for your assistance.*

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: first pet

In accordance with The Federal Communications Commission (FCC) Customer Propriety Network Information (CPNI) rules, only persons listed on your account can access or change information. The FCC requires telephone companies to ask for a photo ID of all customers at a retail location or for a password when a customer calls with questions involving CPNI.

List the full name of *authorized users other than the account holders*: _____

In making this application for service with Richland-Grant Telephone Cooperative,

I/we agree to pay the established rates for all services and/or equipment.

I/we agree to pay installation fees (\$40-\$100) if services are not kept for a minimum 6 months.

I/we agree to the rules and regulations of the Cooperative as set forth in the exchange tariff.

I/we also authorize Richland-Grant Telephone Cooperative to order a consumer credit report and verify other information.

I certify that I am at least 18 years of age.

As a customer, you are a member of this Cooperative. No membership fee is required and no certificate is issued. Membership is automatic upon installation of service and so reflected on Cooperative books.

Signature _____ Date _____

>>> ADVANCE PAYMENT will be determined by credit check—Payment is applied to the bill <<<

Please complete all pages

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

Do you want to keep your current phone number? Phone #: _____ Company: _____

Exact Name on Account: _____ Account #: _____ Pin: _____ Password: _____

Directory Listing Information:

- ☒ ☐ Published (Free) ☐ Unlisted (\$1.25/mo. (Number is available from Directory Assistance)
☐ Non-published (\$1.25/mo. (Number is *not* available in the directory or from Directory Assistance)

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 distance:

InterLATA (outside 608 area code): _____

IntraLATA (within 608 area code): _____

For the Free Long Distance to the 48 contiguous in our
Unlimited Voice Packages, choose RGLD for both LATAs

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) ☐ No

900/976 Number Option: (choose one)

☐ Yes, block all 900/976 calls made from my phone (no charge) ☐ Do not block. I will be responsible for all 900/976 charges.

Optional Features Included Free in Voice Packages: ☒ the ones you would like to use:

**Most Popular
Calling Features:**

Caller ID (Name & Number)

Caller ID (Name, Number,
& Call Waiting)

Caller ID on TV (*avail. with RGTC TV only*)

Voice Mail

(VM answers after _____ # rings)

Voice Mail-To Email Notification

Email address: _____

**Other Available
Calling Features:**

- ☐ 3-Way Conference
☐ 8# Speed Dial
☐ 30# Speed Dial
☐ Automatic Call Back
☐ Automatic Recall
☐ Fixed Call Forward
Call Fwd to # _____
Variable Call Forward
Remote Access Call Forward
Pin _____
☐ Selective Call Acceptance
Selective Call Rejection

**Additional Service Options
(Pricing Varies by Service)**

☐ **Teen Line/Distinctive Ring \$3.00 /month**

☐ Installation of inside wiring
(Contact the office for detailed pricing)

Lease a telephone (monthly fee)

Leased RGTC phones are at this location

If You are Applying for Internet Service, Please Review This Section:

REQUIRED WIFI PASSWORD: Please provide a Wifi Password that contains a minimum of 8 characters.

Password: _____

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: _____



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

Select **ONE** option: ☐ **Checking account.** Attach a copy of your *voided, unsigned* check.

☐ **Savings account.** Include a letter from your financial institution verifying your savings account number and the routing number of the financial institution.

☐ **Credit or debit card.** Complete all information requested below.

☐ Recurring monthly payment

☐ One-time payment for _____ (i.e., adv pmt, product purchase, bill pmt, PC repair, etc.)

Name of cardholder: _____ Credit card #: _____

Card type: ☐ V or ☐ MC (only) Exp Date: _____ CVC (three digit number on back of card) _____