

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 60 Mb/30 Mb 32	\$63/month	
Unlimited Data at 120 Mb/60 Mb ²⁴	\$73/month	
Unlimited Data at 200 Mb/100 Mb ¹⁶	\$83/month	
Unlimited Data at 500 Mb/250 Mb ⁸	\$93/month	
Unlimited Data at 1 Gb/500 Mb 52	\$130/month	
INTERNET AND PHONE PACKAGES	Price	
Unlimited Data at 60 Mb/30 Mb with Unlimited Phone Services ²⁸	\$77.72/month	
Unlimited Data at 120 Mb/60 Mb with Unlimited Phone Services ²⁰	\$87.72/month	
Unlimited Data at 200 Mb/100 Mb with Unlimited Phone Services ¹²	\$97.72/month	
Unlimited Data at 500 Mb/250 Mb with Unlimited Phone Services ⁴	\$107.72/month	
Unlimited Data at 1 Gb/500 Mb with Unlimited Phone Services 48	\$144.72/month	
PHONE PACKAGE	Price	
Unlimited Phone Service ³⁶		
\$26/month plus Interstate Access, Federal & State Service Charges, State and County 911.	\$37.72/month	
Includes all Local and Long Distance calling in the *Reasonable Use Policy, and your choice of any/all	φ37.72/monun	
Calling Features (voicemail, caller ld, etc.)		
TV AND PHONE PACKAGES ^{**} (Cannot have stand alone TV)	Price	
Basic Package with Unlimited Phone Service 35	\$99.72/month	
Expanded Package with Unlimited Phone Service ³⁴	\$164.72/month	
Premium Package with Unlimited Phone Service 33	\$174.72/month	
ADD TV PACKAGES ^{**} TO INTERNET OR INTERNET AND PHONE (Cannot have stand alone in the standard stand Standard standard st		
Basic Package	\$50/month	
Expanded Package	\$115/month	
Premium Package	\$125/month	
NOTE: TV Packages can be added to any Phone and/or Internet package but can not be purchased as a stand alone served		
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 Price	
Additional Movie Channels ^{**} (Optional)		
HBO	\$16.99/month \$13.99/month	
Cinemax	\$13.99/month	
Showtime 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	

*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.		number (where we vith questions):	2	
			Contact e	email:		
Billing address: (if different than the phy	/sical address)		County s	ervice will be in:		l, or do you currently have any s such as Telephone, Internet, YES or NO
City:	State:	Zip:				ssistance Program?
Physical 911/directory address for servi	ce:			Lifeline:		ed to be completed.
City:	State:	Zip:		Property: D Name of Landlo		Rent Contact #:
Previous address:						
Social Security #: **Required		Employ	ver:		Or other sour	rce of income:
Driver's license #	What state?	Date of	birth		Date request	ing 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 #:*Required for Joint Holder	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, <u>your response is optional</u>. 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

<u>REQUIRED</u> : 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 < < <

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

y	,,,,	ge, 100	ise complete mis section.	
Do you want to keep your current pho	n <mark>e number?</mark> Pl	none #:	Company:	
Exact Name on Account:	Account #	:	Pin: Password	l:
			rectory Assistance) tory or from Directory Assistance)	
Name(s) as it should appear in the directory:		Extra listings: (\$1.2	5/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 cont Unlimited Voice Packages, choose RGLD for	guous in our	This <i>FREE</i> ser distance w	imary Interexchange Carrier (PIC) Freeze vice prevents another carrier from changi ithout your permission. (also known as SI □ Yes (recommended) □ No	ng your long
900/976 Number Option: (choose one)			lock. I will be responsible for all 900/	976 charges.
Optional Features Included Free in Voi			ou would like to use:	
Most Popular		vailable	Additional Service Optio	
Calling Features:	Calling F	eatures:	(Pricing Varies by Servic	e)
Caller ID (Name & Number)	□ 3-Way Confe □ 8# Speed Dia		□ Teen Line/Distinctive Ring \$3.00) /month
Caller ID (Name, Number,	□ 30# Speed Di		Installation of inside wiring	
& Call Waiting)	Automatic Ca	all Back	(Contact the office for detailed)	oricing)
Caller ID on TV (avail. with RGTC TV only)	 Automatic Re Fixed Call For 			
Voice Mail	Call Fwd to #		Lease a telephone (monthly fee)	
(VM answers after # rings)	Variable Call Remote Acce	Forward ss Call Forward	Leased RGTC phones are at this l	ocation
Voice Mail-To Email Notification Email address:	Pin Galactive Call Selective Call	Acceptance		

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 <u>if</u> 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 number.

@mwt.net

Password:



Convenient Options for Paying Your Bill

Automatic withdrawal: Complete the Automated Payment Authorization form below for automatic withdrawal on the 20th of each month from your checking, savings, debit card or credit card.

Online payment: The Richland-Grant Telephone website (<u>www.rgtc.coop</u>) allows access to "My Account." 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. You can also make a one-time online payment without logging into your account using "Pay Now" from RGTC's website.

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 20th of each month or the next business day if the 20th 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	nt. Attach a copy of your voided, unsigned	check.
	. Include a letter from your financial institu	ution verifying your saving
Savings account	 Include a letter from your financial institu account number and the routing number bit card. Complete <u>all information</u> requested 	ution verifying your saving of the financial institutior
Savings account	Include a letter from your financial instituation account number and the routing number	ution verifying your saving of the financial institutior ed below.