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## TELEPHONE ACCOUNT HOLDER INFORMATION

DATE: \_\_\_\_\_ CSR: \_\_\_\_\_ ASSIGNED TELEPHONE NUMBER: **928-** \_\_\_\_\_

PLEASE PRINT CLEARLY

FULL NAME: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ETHNICITY:

- American Indian or Alaskan Native  Native Hawaiian or Pacific Islander  Hispanic or Latino  African American  Asian  White  Special Needs

**HTI IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER.**

INFORMATION COLLECTED FOR FEDERAL GOVERNMENT PURPOSES ONLY.

BUSINESS NAME (IF APPLICABLE): \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_

ACCOUNT TO BILL TO ANOTHER NUMBER? YES  NO  BILL TO NUMBER: **928-** \_\_\_\_\_

DIRECTORY LISTING: YES  NO  : \_\_\_\_\_

CONTACT PERSON NAME AND TELEPHONE NUMBER: \_\_\_\_\_

## CONNECTION INFORMATION

HAVE YOU HAD SERVICE BEFORE WITH HTI? Yes  NO

PHYSICAL ADDRESS: \_\_\_\_\_

HOUSE NUMBER: \_\_\_\_\_ VILLAGE: \_\_\_\_\_

ARE YOU THE HOME OWER? YES  NO

IF NO, WHO IS THE HOME OWNER? \_\_\_\_\_

HAS THIS HOME HAD TELEPHONE SERVICE BEFORE? Please complete an SLA Form. YES  NO

IF YES, WHO WERE THE PREVIOUS RESIDENTS? \_\_\_\_\_

WHO IS YOUR CLOSEST NEIGHBOR WITH SERVICE? \_\_\_\_\_

## DEPOSIT REQUIREMENT

\* New HTI Customers maybe subject to a security deposit in order to establish a credit history. Deposits will be retained for a period of 12 months.

WOULD YOU LIKE TO SUBMIT YOUR DEPOSIT? YES  NO

DEPOSIT DATE: \_\_\_\_\_ RETAIN UNTIL, DATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

WAIVE DEPOSIT AND BLOCK LONG DISTANCE/COLLECT/3<sup>RD</sup> PARTY CALLS? YES  NO

BLOCKED UNTIL: \_\_\_\_\_

A copy of this form and other documents will be given to you for future reference.

**CUSTOMER SIGNATURE**

**DATE**

FOR OFFICE USE ONLY.

_____ LIDB	_____ CARRIER	SERVICE ORDER DATE: _____
_____ DIRECTORY	_____ PIC FREEZE	INSTALLATION DATE: _____
_____ SLA	_____ POST PLANT	COMPLETION DATE: _____
_____ MAP	_____ FILE	
_____ LIFELINE APP/VERF.	_____ FOLLOW-UP	CSR: _____