



# GRTI Residential Telephone Application

Box 5015, 7065 W. Allison Rd, Chandler AZ 85226  
 (520) 796-3333 • (520) 796-1065 Fax • www.gilarivertel.com  
 Email completed application to: [grti.info@gilarivertel.com](mailto:grti.info@gilarivertel.com)

<b>Please Select</b>	New Service	Re-install	Relocate (\$50.00)	Account Change	Comp. Purchase
	Move-in date if applicable:			Note Reason:	
<b>Requested Services</b>	Phone Listed	Internet Unlisted	Long Distance Non-Published (\$1 a month)		

<b>PHOTO ID REQUIRED Customer Information</b>	
Primary Account Holder (Photo ID Required)	Social Security Number & DOB
Secondary Account Holder (Photo ID Required)	Social Security Number & DOB
Mailing Address	
Physical Address (include main crossroads, lot number and house number when possible)	
Contact Number & Name	Alternate Contact Number & Name
Have you had previous service with GRTI?    Y    N    If yes, under what name?	
Current Email Address in case we need to contact you:	

<b>REQUIRED INFORMATION Customer Privacy &amp; Account Protection</b>	
<b>1. Please select ONE security question and provide an answer below:</b>	<input type="checkbox"/> What is your mother's maiden name? <input type="checkbox"/> What city were you born in? <input type="checkbox"/> What is the first school you attended? <input type="checkbox"/> What is your favorite food? <input type="checkbox"/> What is your pets name?
<b>2. Please create an account password. Make it something you can remember. REQUIRED</b>	

<b>Discount Services</b> - Choose any that apply. If no, leave unchecked
Yes, I am 55 years of age or older and feel fabulous! (If yes, you will also need the Elder Concession Form)
Yes, I participate in at least one of the programs listed below OR meet the income guidelines. Federal Public Housing, SNAP, Medicaid, Supplemental Security Income, TANF, BIA General Assistance, Income qualifying Head Start. Income guidelines: <b>Family of 1</b> - \$17,226, <b>Family of 2</b> - \$23,274, <b>Family of 3</b> - \$29,322, <b>Family of 4</b> - \$35,370, <b>Family of 5</b> - \$41,418. <b>Add \$6,048</b> for each family member.

<b>Installation Fees &amp; Phone Purchase</b>
\$75 one time installation fee - unless you qualify for Enhanced Lifeline
Additional Jacks (per hour rate) \$45      Where will jack be installed?
I would like to purchase a phone.      Part #      Amount Billed:

<b>OPTIONAL Laptop Purchase - Please intial here if you wish to purchase a laptop: _____</b>
<b>YES</b> , I would like to purchase a laptop!      I will pay \$600 in full      I will pay \$300 and be billed \$25.00 for 12 mos.
Please indicate how you would like to receive the laptop:      Pick-up      Delivery
<b>Model number:</b> <b>Serial number:</b>

## SELECT YOUR SERVICES - Your way is our way

MY LINE	Cost
<b>1 phone line</b> (Does not include 911 fee, subscriber line charge, universal service fee, or access recovery - approx. \$9)	<b>\$18.00</b>

MY FEATURES	Cost
<b>I do not require additional features at this time, thank you.</b>	<b>No extra fee</b>
<b>Add</b> my choice of 3 calling features:      1.                      2.                      3.	<b>\$2.00</b>
<b>Add</b> unlimited calling features	<b>\$5.00</b>

Phone Blocks	Blocks the following:	
800 Numbers Block	Direct dial to 800 numbers	No charge
900 Number Block	Direct dial to 900 numbers	No charge
International Block	Direct dial internationally	No charge
3rd Party Block	Charges to your number	No charge
Long Distance Block	Direct dial long distance	No charge

Directory Listing Options - Please choose one	Cost
<b>LISTED</b> Your name and number will be listed in the telephone directory	No charge
<b>UNLISTED</b> Your name and number will not be listed but can be given out by an operator	No charge
<b>NON PUBLISHED</b> Your name and number will not be published or released	<b>\$1.00 a month</b>
How would you like your name to appear in the directory? Example: John L Smith, J Smith, John & Jane Smith	

Wire Maintenance This covers wiring repairs within your home.	Cost
<b>Yes</b> Jack repairs and wiring within the home will be covered at this low monthly cost.	<b>\$2 a month</b>
<b>No</b> By selecting no, repairs on wiring within the home will be charged a \$45 trip charge.	No charge
I am aware that if a technician is dispatched to my home for repair and it is determined the issue is due to my personal equipment or wiring, a trip charge of \$20 will be billed to my account.	

MY INTERNET	Monthly Cost
<b>I do not need high speed internet at this time, thank you.</b>	No charge
<b>I choose 25 Mbps - 1-3 users</b> , Great for streaming with few devices on the internet at once.	<b>\$27</b>
<b>I choose 50 Mbps - 1-4 users</b> , Medium use for several devices that will use the internet at once.	<b>\$45</b>
<b>I choose 100 Mbps - +4 users</b> , Best if multiple devices use the internet at once.	<b>\$55</b>

**Please note customers will have to qualify for the above speeds, based on service availability by location via fiber. If you do not qualify for these speeds then we will offer you a lower speed available in your service area via copper.**

### Wi-Fi Information

Choose a network name for your home. Example: **GRTIHome**, this will be viewable to all devices that use the home wi-fi. Now, choose a password to login into the wi-fi don't share this password with individuals you dont want using your wi-fi. Choose a strong password using uppercase, lowercase, numbers and symbols. Example: **#1FrybreadLOV3er**

Wi-Fi Network Name: \_\_\_\_\_ (8 character's) network password: \_\_\_\_\_

**E-mail Information** Tell us what you would like your e-mail address to be. Choose a password that is 8-16 characters with numbers and letters.

1st e-mail preference:	@gilanet.net	Password:
2nd e-mail preference:	@gilanet.net	Password:

DSL & Equipment Information - Check your selections			
Is there a working jack by your computer? If no, would you like one for \$45?	Y	N	What room would you like the jack installed?
	Y	N	
<b>INITIAL HERE</b>		If DSL is disconnected within one year for any reason, you will be billed for the early termination fee of \$25.	

**Statement Of Non-Discrimination**

Gila River Telecommunications, Inc. is the recipient of Federal financial assistance from the U.S. Department of Agriculture (USDA). The USDA prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call toll free (866) 632-9992 (voice) or (800) 877-8339 (TDD) or (866)377-8642 (relay voice users). USDA is an equal opportunity provider and employer.

By signing this application, the undersigned agrees to the rules and regulations of the Gila River Telecommunication, Inc. As set forth in the exchange tariff and on any general changes in the rules, regulations or rates for the service furnished. Upon request the undersigned also agrees to show proof of ownership, rental or lease agreement of the premises in which service, construction and maintenance will be provided.

All service lines supplying the undersigned with telecommunications and facilities constructed or installed by the telephone company, on said property, shall at all times be the sole property of the Gila River Telecommunication, Inc. The company shall have the right of access to said property to repair, service and maintain such facilities and upon discontinuance of service for any reason, to remove the same.

**Customer Signature and Date**

YES, GRTI may contact me about products, services or promotions.  
NO, Please do not contact me.

**GRTI Employee Signature and Date**

OFFICE USE ONLY					
Assigned Phone No.	_____				
Account No.	_____				
Service Order No.	_____				
Write Off	Y	N	Paid in full	\$ _____	
Deposit	\$		Date	_____	
REQUIRED DOCUMENTS RECEIVED					
DRIVERS LICENSE	Y	N			
TRIBAL ID	Y	N			
SLA	Y	N			
RIGHT-OF-ENTRY	Y	N			
LUPZ Authorization	Y	N			
Lifeline App	Y	N	Approved in NV?	Y	N
ECP App	Y	N	If yes, which program?		
NOTES					