



Gila River Telecommunications, Inc.

Box 5015, 7065 West Allison Road Chandler, Arizona 85226-5135
Phone (520) 796-3333 • Fax (520) 796-7534
www.gilanet.net

Affordable Connectivity Program (ACP) Disclosure & Consent Obligation

Notice to Consumers. Providers also play an important role in ensuring that their customers are informed about the ACP at the point of application and enrollment. Providers will have a direct relationship with their customers, and as such, have a responsibility to ensure that these customers have the information they need to make an informed decision about the broadband service product they subscribe to supported by the ACP. Accordingly, we require participating providers to collect and retain documentation demonstrating that, prior to enrolling an existing subscriber in the ACP, the provider clearly disclosed to the household that the ACP is a government program that reduces the customer's broadband Internet access service bill, is temporary in nature, that the household will be subject to the provider's undiscounted rates and general terms and conditions at the end of the program if they continue to receive service, that the household may obtain broadband service supported by the ACP from any participating provider of their choosing, and that the household may transfer their ACP benefit to another provider at any time. The provider must also retain documentation demonstrating that, having received such disclosures, the household provided affirmative consent to applying their Affordable Connectivity to the service received from the ACP provider. We believe that this disclosure and consent process will help ensure that low-income households are aware of their choices in the ACP without creating overly burdensome application requirements for those households.

ACP Tribal Benefit

Up To a **\$75.00/month** discount if your household qualifies.

ACP Device Cost Breakdown

\$300.00 GRTI Laptop Price
\$100.00 Device Discount
\$50.00 Co-Payment is due at time of purchase

\$150.00 Remaining Balance

* Remaining balance will be billed to customer at **\$12.50** per month for 12 months.

Account Number: _____

Account Phone Number: _____

Email Address: _____

Printed Name: _____ Date: _____

Customer Signature: _____ Date: _____