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Carroll Onsaie  
President/General Manager

# Hopi Telecommunications, Inc.

www.hopitelecom.com

## BUSINESS TELEPHONE ACCOUNT INFORMATION

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

PLEASE PRINT CLEARLY

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS MANAGER/DIRECTOR: \_\_\_\_\_

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

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

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

DIRECTORY LISTING: \_\_\_\_\_

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.

## CONNECTION INFORMATION

NUMBER OF TELEPHONE LINE NUMBERS WILL YOU BE NEEDING FOR YOUR BUSINESS? \_\_\_\_\_

VOICE \_\_\_\_\_ FAX \_\_\_\_\_ MODEM \_\_\_\_\_

STANDARD TELEPHONE SERVICE LINES? YES  NO  PBX/KEYSYSTEM TELEPHONE NETWORK

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

UNIT NUMBER: \_\_\_\_\_ DISTRICT: \_\_\_\_\_

## DEPOSIT REQUIREMENT

New HTI Customers are subject to a \$100.00 deposit in order to establish a credit history. Deposits will be retained for a period of 12 months. The required deposit can be waived if you agree to add a long distance toll block and a collect and third party billing block on your telephone service for a 12 month period.

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.

\*If any of our services should be unavailable or non-operational for any reason HTI will not be responsible for any costs, damages or loss to any customer (Business or residential) due to this down time other than the amount paid by the customer for that period of down time.

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

FOR OFFICE USE ONLY.

\_\_\_\_\_  
LIDB  
\_\_\_\_\_  
DIRECTORY  
\_\_\_\_\_  
SLA  
\_\_\_\_\_  
MAP  
\_\_\_\_\_  
LIFELINE APP/VERF.

\_\_\_\_\_  
CARRIER  
\_\_\_\_\_  
PIC FREEZE  
\_\_\_\_\_  
POST PLANT  
\_\_\_\_\_  
FILE  
\_\_\_\_\_  
FOLLOW-UP

SERVICE ORDER DATE: \_\_\_\_\_  
INSTALLATION DATE: \_\_\_\_\_  
COMPLETION DATE: \_\_\_\_\_  
CSR: \_\_\_\_\_