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Carroll Onsaie
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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: _____

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 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/3RD 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.

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: _____