



WRT | PO Box 467 | 101 Main St W | Hazen ND 58545

Offices in ND: Hazen 701.748.2211 & Beulah 701.873.2800 | SD: Mobridge 605.845.3100

email: myWRT@wrtc.com

BUSINESS APPLICATION

Business Name: _____

Contact Name: _____ Phone #: _____

Federal ID #: _____ SS#: _____

Street Address: _____

Mailing Address _____

Billing Address: *if different from above:* _____

Email Address: _____

Please verify that the above business is correctly listed as:

Sole Proprietorship Corporation Partnership Cooperative Government Entity

Other (please specify): _____

Tax Exempt: Yes (if yes, please provide copy of exemption certificate) No

Please complete the W-9 form with this application.

REQUIRED

I hereby authorize WRT to review my credit history and acknowledge that WRT may use my customer information for collection purposes. I understand the use of my information complies with the Fair Credit Reporting Act. If a discrepancy is found, photo ID will be required.

REQUIRED CPNI Security Password (*Password is required when calling WRT*) _____

List authorized individuals allowed to make changes to the account:

Name: _____ Cell: _____ Email: _____

Name: _____ Cell: _____ Email: _____

Name: _____ Cell: _____ Email: _____

Location of Service:

City: _____ County: _____ Previous Occupant: _____

911 Physical Address: _____ Is your location within city limits? Y N

Do you: Own Rent (*If renting, please list Landlord's Name & Phone #*): _____

Have you had WRT service before? Y N If yes, list previous # or name: _____

Would you like to be on an automatic payment plan? Pay By Bank Pay By Credit Card

Paperless billing? Yes No **Sign up for SmartHub:** Email: _____

(SmartHub password link will be sent to this email address)

PHONE SERVICE (Unlimited Long Distance Service Included): \$25.95/mo.

Would you like your phone number published in the telephone directory? Y N (\$1.00/mo charge for non-published number)

List in Directory as: _____

Directory Address: _____

Extra Directory Listing (\$1/mo): Y N

If yes, list extra directory listing as: _____

Directory Address: _____

Visit <https://westriv.com/voice> for Calling Feature Information and Instructions.

FIBER OPTIC BROADBAND INTERNET SERVICE: Unlimited Data Usage / Includes Wi-Fi and CommandIQ App

10x10 Gig \$299.95 /mo	5x5 Gig \$199.95 /mo	Most popular 1x1 Gig \$99.95 /mo	500x500 mbps \$79.95 /mo	100x100 mbps* \$65.95 /mo
				<small>*Plan only available with phone service</small>

Wireless Password: _____ (8+ characters)

BUSINESS SYSTEMS: (FREE QUOTES AVAILABLE)

Are you interested in a Business Phone System? Yes learn more at: <https://westriv.com/voice> No

Are you interested in a Surveillance Camera System? Yes learn more at: <https://westriv.com/security> No

Please have an area Sales Associate contact my business with more information: Yes No

The undersigned (hereinafter called the "Applicant" and/or Co-Applicants) hereby applies for membership and agrees to take the above service from West River Telecommunications Cooperative (WRT), organized under the laws of the State of North Dakota for the purpose of furnishing telephone and internet service. The applicant agrees to the rules, regulations, and rates of WRT as set forth in the exchange tariff. This application becomes a contract when accepted in writing by WRT.

The applicant will grant WRT a right-of-way contract or easement to construct, operate, and maintain a line system above or below the land owned by applicant and in or upon all streets, roads, or highways abutting said land.

The applicant will comply with and be bound by the provisions of the Articles of Incorporation and by-laws of the Cooperative and such rules and regulations as may from time to time be adopted.

Business Owner Name: _____ Signature: _____ Date: _____

For Office Use Only:

Phone #: _____ Credit Rating: _____ Service Order #: _____

Account #: _____ Member #: _____ Customer #: _____

Uncollectable: Y N Amount: \$ _____ Approved: _____

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	2	Business name/disregarded entity name, if different from above.		
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		
	5	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
	6	City, state, and ZIP code		
	7	List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
				-					
or									
Employer identification number									

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they