



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](mailto:myWRT@wrtc.com)

## RESIDENTIAL APPLICATION

Name _____ <small>(First, Middle, Last)</small>	Joint Name _____ <small>If applicable (First, Middle, Last)</small>
DOB _____ SS# _____	DOB _____ SS# _____
Physical Address _____	Physical Address _____
Mailing Address _____	Mailing Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Work # _____ Cell # _____	Work # _____ Cell # _____
Email Address _____	Email Address _____

### 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: \_\_\_\_\_

### 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 name(s) on lease):* \_\_\_\_\_

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)

Need phone or internet assistance? Visit <https://www.lifelinesupport.org>

**PHONE SERVICE (Unlimited Long Distance Service Included): \$25.95/mo. or add to ANY Internet package for \$10/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**

<b>10x10 Gig</b> <b>\$299.95</b> /mo	<b>5x5 Gig</b> <b>\$199.95</b> /mo	<b>Most popular</b> <b>1x1 Gig</b> <b>\$99.95</b> /mo	<b>500x500 mbps</b> <b>\$79.95</b> /mo	<b>100x100 mbps*</b> <b>\$65.95</b> /mo <small>*Plan only available with phone service</small>
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**Wireless Password:** \_\_\_\_\_ (8+ characters)

**SURVEILLANCE CAMERA SYSTEMS: (FREE QUOTES AVAILABLE)**

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

Please have an area Sales Associate contact me 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.*

Applicant Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Applicant Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Phone #: \_\_\_\_\_ Credit Rating: \_\_\_\_\_ Service Order #: \_\_\_\_\_

Account #: \_\_\_\_\_ Member #: \_\_\_\_\_ Customer #: \_\_\_\_\_

Uncollectable: **Y N** Amount: \$ \_\_\_\_\_ Approved: \_\_\_\_\_