



1027 N Jefferson St * PO Box 409 *Richland Center WI 53581
 608-647-2345 phone 608-647-4265 fax
www.genuinetel.com info@genuinetel.com

RESIDENTIAL
 FACILITY APPLICATION

PHONE

_____	_____	_____
Customer Name	New Number or Existing Number	Contact (Cell) Number
_____	_____	_____
Physical Street Address	City, State, Zip	Email Address
_____	_____	_____
Social Security Number & Date of Birth	Billing Address (if different)	City, State, Zip
_____	_____	_____
Additional Name (if joint account)	Social Security Number & Date of Birth	Contact (Cell) Number
_____	_____	_____

Services

- Residential Access (\$22.89) Caller ID (\$7.00) Call Waiting (\$3.00) Call Forwarding (\$3.00)
- 3-Way Calling (\$3.00) Distinctive Ring (\$5.25) Call Return *69 (\$4.00)
- Voice Mail Basic (\$7.95) Voice Mail Expanded (\$10.95) Inside Wire Maintenance (\$3.00)
- Fixed Call Fwd Busy (\$2.50) Fixed Call Fwd No Answer (\$2.50) Fixed Call Fwd Busy/NA (\$3.00) _____
- Number for Fixed Call Fwd: _____

Calling Feature Packages

- Caller ID, Call Wtg & Call Fwd (\$10.00) Caller ID, Call Wtg & *69 (\$11.00)
- Caller ID, Call Fwd & Wire Maintenance (\$11.00) Caller ID, Call Wtg & Fixed Call Fwd Busy (\$11.00)
- Caller ID, Call Wtg & Fixed Call Fwd NA (\$11.00) Caller ID, Call Wtg & Wire Maintenance (\$12.00)
- Caller ID, Call Wtg & Fixed Call Fwd Busy/NA (\$11.00) Caller ID, Call Wtg, *69 & Call Fwd (\$14.00)

Long Distance

- Basic (11¢ per minute) Super Saver (8¢ per minute) \$4.95 monthly fee Long Distance Provider Freeze

Porting

- Block all other telephone providers from taking ownership of my telephone number without me personally contacting Genuine Telecom to change providers.

Directory

- Directory Listing Publish Unlisted (\$1.50) Non-Published (\$2.85)
- Directory Listing with Frontier Yes No \$24.00 charge if new listing (no charge to retain current listing)

Signature

Date

I agree to pay the established rates for all services and/or equipment. I/we also hereby authorize Tech Com Inc., dba Genuine Telecom, or its duly authorized agents, to verify my past and present bank accounts, order a consumer credit report and verify other information to determine the amount of the security deposit is required. This information is for the confidential use of Genuine Telecom. A photographic or carbon copy of this authorization (being a photographic or carbon copy of the signature(s)) may be deemed to be equivalent of the original and may be used as a duplicate original. I further certify that I am over 18 years of age. Please note that Genuine Telecom bills one month in advance, your first bill will include prorated amounts from the time you connected until billing and then one month in advance.



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INTERNET

_____	_____	_____
Customer Name	Social Security Number & Date of Birth	Contact (Cell) Number
_____	_____	_____
Physical Street Address	City, State, Zip	Email Address
_____	_____	_____
Billing Address (if different)	City, State, Zip	
_____	_____	_____
Additional Name (if joint account)	Social Security Number & Date of Birth	Contact (Cell) Number
_____	_____	_____
Login ID (if you want a MWT email address)	Password for email	

- 2.0Mb/768Kb (\$39.99)
 4.0Mb/768Kb (\$49.99)
 6.0Mb/768Kb (\$69.99)
 Tech Home Protect (\$5.99)
 Tech Home Protect Plus (\$9.99)
 Tech Home Support (\$14.99)
 Installation (\$29.95)

_____	_____
Signature	Date

DIGITAL TV

_____	_____	_____
Customer Name	Social Security Number & Date of Birth	Contact (Cell) Number
_____	_____	_____
Physical Street Address	City, State, Zip	Email Address
_____	_____	_____
Billing Address (if different)	City, State, Zip	
_____	_____	_____
Additional Name (if joint account)	Social Security Number & Date of Birth	Contact (Cell) Number

- Genuine Lifeline (\$32.99)
 Genuine Basic (\$83.99)
 Genuine Expanded (\$96.99)
 HD (\$8.95)
 DVR (\$8.95)
 Cloud DVR (\$9.95)
 Whole Home Cloud DVR(\$10.95)
 Cinemax (\$13.99)
 Starz! (\$13.99)
 Showtime (\$13.99)
 HBO (\$16.99)

_____ Number of set top boxes (tv's)-The first set top box is included, each additional is \$5.00 per month

HD not available in Lifeline package

_____	_____
Signature	Date

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