



Standard Wireless Service Application

Name _____ SS No. _____ DL No. _____
 Spouse (if joint) _____ SS No. _____ DL No. _____
 Billing Address _____ City _____ State _____ Zip _____
 Installation Address _____ City _____ State _____ Zip _____
 Preferred Method of Contact: Cell No. _____ Home No. _____
 E-mail Address _____ Gate Code: _____
 Has there been HCTC service at this location? Yes No

INTERNET SERVICE PLANS (Monthly Charges)

Up to 50 Mbps download/20 Mbps upload - \$49.95

STANDARD INSTALLATION assumes radio can be mounted on the structure where internet is to be supplied. It includes miscellaneous hardware and up to one hour of labor for installation of cabling inside the premise and activation of the radio terminating electronics.

NON-STANDARD INSTALLATION will be billed at materials cost plus labor for requirements beyond the scope of standard installation of the radio or cabling inside the premise.

_____*I acknowledge that HCTC has the right to retrieve radio internet equipment when services are disconnected.
(Initial)

_____**Any internet agreement with uncollected or returned router and/or modem will be billed \$350***
(Initial)

TERMS AND CONDITIONS

(Initial) I agree to the terms and conditions of HCTC’s Network Management and Acceptable Use Policy and Communications Service Agreement found at www.hctc.net/policies/

(Initial) I understand that I will become a member of HCTC upon connection of service and that the membership benefits will be as stated in the Bylaws found in the HCTC phone book. (ILEC service areas only).

(Initial) I authorize a Limited Letter of Agency allowing HCTC to act as the customer agent in all matters relating to this internet service.

(Initial) I understand that Internet Services Equipment (including wireless router) is **required for a fee of - \$9.95/mo.**

_____**SAVE \$10 ON YOUR FIRST BILL.** Enroll in Auto Pay & Paperless Billing (see attached ACH Debit Form)
(Initial)

Smart Hub Login (online bill pay)

E-mail: _____

REFERRAL BONUS: \$50 One-Time Bill Credit For Referring and Connecting Customers (New Connecting Customers Only)

Referred By: _____ Contact Number: _____

Account Security: 4 Digit Pin _____ Security Questions: Pets name? Street you grew up on? High school mascot?
 First Employer? Childhood Friend? Color of 1st Car?

Answer _____
** Required to Access Account When Calling HCTC Offices**



Standard Wireless Service Application

ILEC AREA

Unlimited LD Phone Bundle

Call waiting, Call Forward, Call Forward Busy/Call Forward No Answer and Caller (Name and Number), Voicemail, Unlimited Nationwide Long Distance (All 50 States and U.S Territories). Battery Backup Available(See Backup Power Information <https://hctc.net/wp-content/uploads/2023/03/Backup-Power-Information.pdf>)

\$0.10/minute LD Phone Bundle

Call waiting, Call Forward, Call Forward Busy/Call Forward No Answer and Caller (Name and Number), Voicemail, \$0.10/minute Nationwide Long Distance (All 50 States and U.S Territories). Battery Backup Available(See Backup Power Information <https://hctc.net/wp-content/uploads/2023/03/Backup-Power-Information.pdf>)

900/976 Block (No Charge)

Directory Information

- Non-Published or Unlisted Telephone Number - \$0.50 per month per Telephone Number
- Directory Listing

Name _____ Address _____

Fredericksburg, Junction, Kerrville, Mason, Sonora, Eldorado Customers

PHONE SERVICE

Call waiting, Three way calling, Call Forward Busy/Call Forward No Answer and Caller (Name and Number), Voicemail, Unlimited Nationwide Long Distance (All 50 States and U.S Territories). Battery Backup Available(See Backup Power Information <https://hctc.net/wp-content/uploads/2023/03/Backup-Power-Information.pdf>)

900/976 Block (No Charge)

Directory Information

- Non-Published or Unlisted Telephone Number - \$0.50 per month per Telephone Number
- Directory Listing

Name _____ Address _____

Port existing telephone numbers(s): (1) _____ (2) _____

Required: Copy of current provider telephone bill(s).

I authorize HCTC to provide telephone services, local exchange service, port the phone number(s) listed above into their exchange and act as my agent to work with my current exchange carrier to make all necessary changes required to move my phone service(s) to HCTC.

Customer Name (as it appears on telephone bill) _____ Billing Telephone Number _____

Customer Name printed _____ Customer Signature _____ Date _____

Signature of Applicant _____ Date _____ Signature of Spouse (if joint) _____ Date _____

OFFICE USE ONLY

Service Plan _____	\$ _____	Internet No. _____	Service Order No.(s) _____
Optional Services _____	\$ _____	Telephone No.(s) _____	
Member No. (ILEC ONLY) _____		Municipal Right-of-Way \$ _____	
FCC Subscriber Line Charge	\$ 6.50	(Does not include taxes)	
911 Fee (per line)	\$ _____	Monthly Recurring Charges \$ _____	
911 Equalization Surcharge (per line)	\$ 0.06	(Does not include taxes)	Date Rec'd. _____ By _____