



Application for Service Residential

Application Date: _____

Installation Date _____

BILLING:

Name: _____
Billing Address: _____
Billing Address: _____
City, State Zip: _____

SERVICE:

Name: _____
Service Address: _____
Service Address: _____
City, State ZIP: _____

SSN: _____
Employment: _____

Authorized Users:

Alternate Contact:

Phone _____

Number: _____

Phone

Residential	\$26.50	<input type="checkbox"/>
Leased Phone	\$1.30	<input type="checkbox"/>
Lifeline	-10.88	<input type="checkbox"/>
Maint. Inside Wire	\$1.95	<input type="checkbox"/>
Voicemail		<input type="checkbox"/>
900 Call Blocking		<input type="checkbox"/>
Caller ID Block		<input type="checkbox"/>

Long Distance

Call Volume	\$0.15	<input type="checkbox"/>
60 Minute Plan	\$5.95	<input type="checkbox"/>
350 Minute Plan	\$24.95	<input type="checkbox"/>
600 Minute Plan	\$41.95	<input type="checkbox"/>
1000 Minute Plan	\$65.95	<input type="checkbox"/>

Directory Listing _____ YES NO

Internet

1.5Mb	\$34.95	<input type="checkbox"/>
3Mb	\$44.95	<input type="checkbox"/>
6Mb	\$54.95	<input type="checkbox"/>
12Mb	\$64.95	<input type="checkbox"/>

Cable TV

Basic	\$49.75	<input type="checkbox"/>
Lite Line-Up	\$16.95	<input type="checkbox"/>
Encore	\$5.00	<input type="checkbox"/>

Customer Signature: _____

Employee Signature: _____

THANK YOU FOR YOUR BUSINESS!



Application for Service Residential

CPNI Password: _____

What is your favorite pet's name? _____
What state was your mother born? _____
What state was your father born? _____
What is your favorite holiday? _____

Notify:

Call _____

Text _____

Email _____

N/A

SmartHub:

Email _____

Password _____

8-15 Characters, 1 cap & 1 number

Ebill

Router:

SSID _____

Password _____

AirRouter

AirRouterHP