



Internet Application Form

Date: _____
Customer Name: _____
Social Security Number: _____ Date of Birth: _____
Service Address: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
Home Phone #: _____
Cell #: _____

RESIDENTIAL INTERNET
Please choose one of the following options:

- | | | | |
|---------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> <u>50 MG</u>
\$50.95 | <input type="checkbox"/> <u>100 MG</u>
\$79.95 | <input type="checkbox"/> <u>300 MG</u>
\$99.95 | <input type="checkbox"/> <u>500 MG</u>
\$124.95 |
|---------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------|

REQUIRED EQUIPMENT - MODEM / WIRELESS ROUTER COMBO

- \$125.00 (Own)
 \$ 5.95 a month (Lease)

Signature of Applicant: _____