

Employee # \_\_\_\_\_

PTCI CATV SERVICE AGREEMENT



MONTHLY CHARGES & TAX ARE BILLED IN ADVANCE:

CATV SERVICE/PACKAGE: _____	\$ _____
HSD Cable Modem Internet Service: _____	\$ _____
Security Deposit.....	\$ _____
TOTAL.....	\$ _____

LOCATION: \_\_\_\_\_

How can you be reached to install your service: \_\_\_\_\_

INTERNET INFORMATION

USERNAME (4 – 8 lower case letters) _____	OR _____	PASSWORD (6 – 8 lower case letters) _____
ADD EMAIL (4 – 8 lower case letters) _____	OR _____	PASSWORD (6 – 8 lower case letters) _____

BILLING INFORMATION

BILLING NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP : \_\_\_\_\_

INDIVIDUAL:

APPLICANT:	EMPLOYED BY: _____	WORK TELEPHONE # _____
	OCCUPATION: _____	SS #: _____
	TOWN: _____	STATE: _____
SPOUSE:	EMPLOYED BY: _____	WORK TELEPHONE # _____
	OCCUPATION: _____	SS #: _____
	TOWN: _____	STATE: _____

IF YOU ARE NOT THE LANDOWNER, GIVE HIS NAME AND ADDRESS: \_\_\_\_\_

NAME OF RELATIVE NOT LIVING WITH YOU: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Address: \_\_\_\_\_ Town \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

BUSINESS:

SOLE OWNERSHIP: \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_

COMPANY OFFICERS: \_\_\_\_\_ TITLE: \_\_\_\_\_

BANK: \_\_\_\_\_ ACCT. #: \_\_\_\_\_

FED ID#: \_\_\_\_\_ YEARS ESTABLISHED: \_\_\_\_\_

BILLING CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

**I understand and agree that the above information will be used to establish this application for service. I understand that a suitable deposit may be required for service. This application becomes a contract upon the establishment of service. The applicant, if also the property owner, will grant to PTCI a right-of-way easement to construct, operate and maintain a coaxial cable line or system on the land, and in or upon all streets, roads or highways abutting said land, where this service is provided, as requested by PTCI.**

RESIDENCE:

SIGNATURE OF APPLICANT: \_\_\_\_\_ MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

SIGNATURE OF SPOUSE: \_\_\_\_\_ DATE: \_\_\_\_\_

BUSINESS:

SIGNATURE OF OFFICER OR AUTHORIZED AGENT: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_

OFFICE INFORMATION: TELEPHONE #: \_\_\_\_\_ EXCHANGE: \_\_\_\_\_