

Kalida Telephone Company, Inc.

Application for Cable Service

Date _____ Phone/Billing No. 419-532-_____ Cell No. _____

Name _____ Social Security # _____

Billing Address _____ City/State/Zip _____

Street Address _____ Date of Birth _____

Place of Employment _____ City/State _____

Spouse's Name _____ Spouse's Cell No. _____

Spouses's Employment _____ City/State _____

Active E-Mail Address _____

Date To Start Service _____

Type of Dwelling House Mobile Home Apartment Do You Own or Rent?

Landlord's Name & Phone Number _____

Installation \$24.50

Regular Cable

- Expanded
- The Movie Channel
- Showtime
- HBO
- Showtime Premium Pkg.

Comments:

Installation \$100.00

Waived on 1st box if you agree to keep service for 1 year.

Digital Cable

- Digital Basic
- Digital Expanded
- Digital HBO
- Digital Cinemax
- Digital Showtime
- Digital TMC
- Digital Starz/Encore
- Digital SHO/TMC

- HD Set Top Box
- DVR Service
- PPV
- Whole Home

Office Use Only

____ NISC SB/JW/JG
____ SO #
____ Review SB/JW/JG
____ Date Billing Starts
____ **Date Installed**

Notes:

Signature _____

Digital Cable Agreement

I agree to subscribe to one (1) year of Digital Cable through the Kalida Telephone Company. I understand the installation fee of \$100.00 will be waived. However, if I discontinue subscribing to Digital Cable within the first year, I will be responsible for the full installation fee of \$100.00, due immediately after disconnection of service.

I Have Read and Understand the Above Agreement

Signature

Date

Office Use Only

Date Installed

Model Number

DVR Y / N

Serial Number

PPV Y / N

MAC Address

4 Digit Password

Date Installed

Model Number

DVR Y / N

Serial Number

PPV Y / N

MAC Address

4 Digit Password

Comments: