Kalida Telephone Company, Inc. ***Application for Cable Service***

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

Name _____ SS # _____

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 ___ Apartment ___ Own ___ Rent

Landlord's Name & Phone Number _____

Regular Cable

Installation $24.50

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

Notes:

Stream TV

Installation $100.00
Waived if you agree to keep service for 1 year.

_____ Fire Stick
_____ Additional Stream
_____ Additional Device
_____ Additional 50 Hrs. Cloud Storage

_____ Digital Basic
_____ Digital Expanded

_____ Digital HBO
_____ Digital Cinemax
_____ Digital Showtime
_____ Digital TMC
_____ Digital Starz/Encore
_____ Digital SHO/TMC

Must subscribe to our Internet to get Stream TV.
5 Mb added to Internet pkg. per stream.

Office Use Only

_____ NISC SB/JW/JG
_____ SO #
_____ Review SB/JW/JG
_____ **Date Installed**

Notes:

Signature _____

Over to sign agreement for Stream TV.

Stream TV Agreement

I agree to subscribe to one (1) year of Stream TV through Kalida Telephone Company and I understand the installation fee of $100.00 will be waived. However, if I discontinue subscribing to Stream TV 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