



"People you know, service you trust!"

APPLICATION FOR INTERNET SERVICES

Customer Name(s): _____

SS #: _____
SS #: _____

Service Address: _____

Contact Phone _____

Billing Address: _____

Contact Phone _____

Billing Method: Direct Billed ACH Billed (5th of month) PLEASE ATTACH VOIDED CHECK or DEPOSIT SLIP

INTERNET SERVICES:

- | | | | |
|--|---------|--|----------------|
| <input type="radio"/> Cable Modem 8 Mbps / 1 Mbps | \$38.00 | <input type="radio"/> Cable Modem 50 Mbps / 5 Mbps | \$95.00 |
| <input type="radio"/> Cable Modem 15 Mbps / 1 Mbps | \$48.00 | <input type="radio"/> Cable Modem 100 Mbps / 10 Mbps | \$125.00 |
| <input type="radio"/> Cable Modem 30 Mbps / 3 Mbps | \$65.00 | <input type="radio"/> Secured Wireless Network | \$3.00 |
| | | | TOTAL \$ _____ |

Triple Play Discount:

- | | | |
|---|-----------|----------------------------|
| <input type="radio"/> Add Telephone & Basic CATV | (\$5.00) | |
| <input type="radio"/> Add Telephone & Expanded Basic CATV | (\$10.00) | TOTAL DISCOUNT (\$ _____) |

Please Initial:

_____/we understand that a deposit equal to one month service cost may be required before services are activated, and that deposit will be held on my account for minimum of 12 months. Deposits will be applied to active accounts in good standing with excellent account history after 12 month period. Deposits will be applied to outstanding balances on cancelled accounts at time of cancellation, with any remaining balance refunded by check.

_____/Application must be returned in person to Laurens Municipal Power & Communications at 272 N Third Street, Laurens, IA, and a valid form of identification must be provided prior to service installation.

_____/we understand that by signing this application that I/we are entering into a binding contract for services, and any information provided may be used for collection efforts of outstanding balances if needed.

This application for service shall be in effect upon the receipt and acceptance by Laurens Municipal Power & Communications at its office in Laurens, Iowa.

I hereby certify that I am 18 years of age and that I have the authority to sign this application.

Signature: _____ Print Name: _____ Date: _____
Signature: _____ Print Name: _____ Date: _____

ACH Billing Authorization: Per my signature below, I authorize Laurens Municipal Power & Communications to initiate monthly ACH debits to my account on or about the 5th day of every month in the amount indicated on my monthly billing statement. This authorization shall be in effect from the date of my signature, and shall remain in effect until revoked in writing by me. Failure to have sufficient funds in the authorized account shall result in charges of \$25.00 plus bank fees for each presentation of payment not honored by my bank.

Signature: _____ Print Name: _____ Date: _____