

PERSONAL INFORMATION

Applicant(s)

Service Address

Billing Address

Phone Number

 - -

Social Security Number

Date of Birth

 / /

Date of Birth

 / /

City

State

Email

Employer

SELECT YOUR PACKAGE

Gold Wireless

30 MB

\$ 84.95
per month

Ideal For

Small Families

Gaming Households

Video Doorbells,
Cameras, etc.

Silver Wireless

20 MB

\$ 64.95
per month

Great For

Couples

Intermediate Usage

Bronze Wireless

15 MB

\$ 49.95
per month

Suitable For

Single-member
household

Minimal Internet
Usage

Managed Wi-Fi

\$ 9.95
per month

A wireless router
that enables you to
use your phone,
laptop, and stream
TV.

INSTALLATION FEE OF \$79.95 IS DUE BEFORE
INSTALLATION



WI-FI PREFERENCES

SSID (WiFi Name) _____

PASSWORD _____

The undersigned appoints Christensen Communications Company as limited Agent to order and make changes in service associated with the activation of Christensen Communications Company Internet Services as specified above. As an Internet access user through the Christensen Communications Company network, I agree to abide by the present and future rules and bylaws of Christensen Communications Company, including the Acceptable Use Policy. I agree to follow the rules of any connected networks if and when using those networks. I recognize that the Christensen Communications Company offers no guarantee or warranty on the performance of its network and Internet connection, nor on the performance of gateway connections to other networks. I agree to hold Christensen Communications Company, its Officers, Directors, and Agents harmless from any liability arising from special, indirect, or consequential damages including but not limited to lost profits, loss of opportunity, or any other loss which may result from the use of, misuse of, or lack of availability of Christensen Communications Company or its facilities. This agreement includes repair or replacement of DSL modems owned by Christensen Communications Company, except when damage is caused by fire, water, lightning, or misuse.

Applicant Signature

Date _____

Co-Applicant Signature

Date _____

AUTOMATIC PAYMENT

I authorize Christensen Communications Company and the financial institution named below to initiate electronic entries to my checking/savings account. **The regularly scheduled payment will occur on the 10th of each month.** If the payment amount changes, Christensen Communications Company will notify me at least 10 days before the regularly scheduled payment date. This authority will remain in effect until I notify Christensen Communications Company to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged. I may revoke my authorization with Christensen Communications Company at any time. I have agreed to the terms listed in this authorization.

Financial Institution

Routing Number

Checking/Savings Account Number

Applicant Signature

Date

 / /