

PERSONAL INFO	RMATION				
Business Name					
			0		
Service Address			City	State	
Billing Address			City	 State	
Phone Number			Email		
Federal ID Number			Owner of the Building if Renting		
SELECT YOUR PACKAGE					
Platinum	Gold	Silver	Bronze	Managed	
Business	Business	Business	Business	Wi-Fi	
				\$ 9.95	
1.0	EOO MD	250140	100110	per month A wireless router	
1 G	500 MB	250MB	100 MB	that enables you to use your phone,	
\$ 174.95	\$ 144.95	\$ 114.95	\$64.95	laptop, and stream TV.	
per month	per month	per month	per month		
				COM Charles Commy	

INSTALLATION FEE OF \$79.95 IS DUE BEFORE INSTALLATION

CUSTOMER PREMISE WIRING PLAN (OPTIONAL)	
Opt In Opt Out  With the Customer Premise Wiring Plan, you never p replacement of any inside wiring or jacks. The optional	
AGREEMENT	
The undersigned appoints Christensen Communications Company as limit associated with the activation of Christensen Communications Company Ir access user through the Christensen Communications Company network, I bylaws of Christensen Communications Company, including the Acceptable connected networks if and when using those networks. I recognize that the guarantee or warranty on the performance of its network and Internet connections to other networks. I agree to hold Christensen Communication harmless from any liability arising from special, indirect, or consequential dama opportunity, or any other loss which may result from the use of, misuse of, or Company or its facilities. This agreement includes repair or replacement of D Company, except when damage is caused by fire, water, lightning, or misuse.	agree to abide by the present and future rules and one Use Policy. I agree to follow the rules of any e Christensen Communications Company offers no connection, nor on the performance of gateway ons Company, it's Officers, Directors, and Agents mages including but not limited to lost profits, loss of r lack of availability of Christensen Communications
Applicant Signature	Date
Co-Applicant Signature	Date
ALITOMATIC DAYMENT	
AUTOMATIC PAYMENT  I authorize Christensen Communications Company and the financial instituti checking/savings account. The regularly scheduled payment will occur on changes, Christensen Communications Company will notify me at least 10 day authority will remain in effect until I notify Christensen Communications C financial institution a reasonable opportunity to act on it. I can stop payment days before my account is charged. I may revoke my authorization with Christ agreed to the terms listed in this authorization.	the 10th of each month. If the payment amount s before the regularly scheduled payment date. This ompany to cancel it in such time as to afford the t of any entry by notifying my financial institution 3
Financial Institution	Routing Number
Checking/Savings Account Number	
Applicant Signature	Date