

DEDSONAL INCO	DMATION			
Applicant Co-Applicant Address Phone Number Social Security Number			Date of Birth Date of Birth City State Email Employer	
SELECT YOUR P	ACKAGE			
Platinum	Gold	Silver	Bronze	Managed Wi-Fi
1 G \$ 294.95 per month	200 MB \$ 84.95 per month	100 MB \$ 64.95 per month	50 MB \$49.95	\$ 9.95 per month A wireless router that enables you to use your phone, laptop, and stream
Best For The Ultimate Smart Home Large Families	Ideal For Small Families Gaming Households Security Systems	Great For Couples Intermediate Usage Streaming	per month Suitable For Single member households Minimal Internet Usage	TV. THIS IS REQUIRED WITH RESIDENTIAL FIBER.

Usage

CUSTOMER PREMISE WIRING PLAN (OPTIONAL)	
Opt In Opt Out With the Customer Premise Wiring Plan, you never pare 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 In access user through the Christensen Communications Company network, I a 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 dam 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 Discompany, except when damage is caused by fire, water, lightning, or misuse.	agree to abide by the present and future rules and ble 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 hages including but not limited to lost profits, loss of r lack of availability of Christensen Communications
Applicant Signature	Date
Co-Applicant Signature	Date
AUTOMATIC PAYMENT	
I authorize Christensen Communications Company and the financial institution 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 Company in the 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 Christensen 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 of any entry by notifying my financial institution 3
Financial Institution	Routing Number
Checking/Savings Account Number	
Applicant Signature	Date