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APPLICATION FOR FIBER SERVICE Exclusively for Falcon View Residents

GENERAL INFORMATION

Legal Name of Applicant _____

Additional forms requiring a signature must be signed by the applicant (customer).

Service Address _____

Billing Address (if different) _____

Contact Name and Phone Number _____

Email Address (for billing and contact) _____

Driver License # _____ (Please provide a copy of your Driver License)

AUTHORIZATION INFORMATION

Changes to this account that require a signature shall be made by the applicant only. Changes to the account that do not require a signature may be made by a person(s) that the applicant has authorized. If you, the applicant, wish to authorize another person(s) to make changes to your account, please designate the person(s) below.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Your account may be further protected with the assignment of a password. The password is optional.

Password: _____ Answer ONE of the following if assigning a password:

What is your mother's middle name? _____ What is your favorite food? _____

In what city were you born? _____

MONTHLY PAYMENT METHOD

Credit Card is the only method of payment offered. Please complete the attached authorization form.
All services selected by the customer will be billed on a single bill.

For Business Office Use:	CSS _____
Order Date _____ Due Date _____ Account # _____ S. O. # _____	
New Telephone(s) # _____	
<input type="checkbox"/> Bill Explanation <input type="checkbox"/> 911 & Battery Back-up <input type="checkbox"/> New Customer Packet	

EMAIL

Do you wish to have a CVCTX email address? Yes No

Email addresses are limited to 256 characters including @cvctx.com. Passwords require a minimum of 8 and a maximum of 16 characters.

Email #1 _____ Password _____

Email #2 _____ Password _____

There is a charge for more than five email addresses. Disconnection of your Internet Service will result in termination of email accounts associated with the service. Please notify our office to establish additional email addresses.

MONTHLY SERVICE FEES

INTERNET ONLY

Plan	Monthly	Down/Up Speeds
CVC Better Fiber	<input type="checkbox"/> \$69 ⁹⁹	20/10 Mbps
CVC Best Fiber	<input type="checkbox"/> \$109 ⁹⁹	50/10 Mbps

Service Includes: \$0 Installation Fees, No Data Caps, Wireless Router Service, Prepaid Service.

Applicable taxes not included.

INTERNET AND VOICE BUNDLES

Bundle	Monthly	Down/Up Speeds	Unlimited Local, SLC, ARC, 911	Unlimited LD + Features*
CVC Better Fiber Plus	<input type="checkbox"/> \$109 ⁹⁹	20/10 Mbps	✓	✓
CVC Best Fiber Plus	<input type="checkbox"/> \$149 ⁹⁹	50/10 Mbps	✓	✓

Service Includes: \$0 Installation Fees, No Data Caps, Wireless Router Service, Prepaid Service.

*Features Included: Caller ID, Call Waiting ID, Voicemail Basic with Call Forwarding-Busy and Call Forwarding-No Answer, Unlimited Long Distance (continental US only).

Applicable taxes not included.

DIRECTORY INFORMATION (required only if ordering voice service)

Would you like the telephone number published, non-published, or unlisted? _____

- A non-published telephone number is not listed and is not made available to the general public for a monthly fee of \$1⁰⁰.
- An unlisted telephone number is not listed in the telephone directory but is made available to the general public upon request. There is no charge for an unlisted number.
- Caller ID per-call blocking is available at no charge to prevent the delivery of your name and/or number to the party being called by dialing *67 prior to placing a call.
- Caller ID per-line blocking is available at no charge to prevent the delivery of your name and/or number on all calls placed. Per-line blocking does not prevent the transmission of your information when you call an 8XX or 9XX number, therefore, your information may be available when dialing those numbers. You may unblock your information at any time by dialing *82 immediately prior to placing any calls.

Do you wish to have Caller ID per-line blocking? Yes No

Caller Name ID (how name will appear to called party) _____

Directory Listing Name (one per number) _____

Directory Listing Address (optional) _____

TERMS AND CONDITIONS - APPLIES TO ANY AND/OR ALL SERVICES PURCHASED

I, the below signed customer, understand that CVCTX will provide the necessary equipment to me, and may mount necessary equipment at my service location in order to provide me with the services requested. I understand that all equipment provided for the service remains the property of CVCTX and should the service be discontinued, I shall return any portable equipment to CVCTX. If there is equipment required to provide the service mounted at my service location, I give permission to CVCTX to remove the mounted equipment.

I understand the equipment required to provide the service is the property of CVCTX and it is my responsibility to ensure that no damage due to loss of equipment, gross negligence, willful damage or vandalism results in the required equipment to discontinue working. If any of the equipment is lost or damaged and requires replacement, I understand that I will be liable for the loss or replacement of said equipment and a fee of \$400.00 will be required to replace any piece of equipment that has sustained loss or damage.

I understand that I will not open, alter, misuse, tamper with or remove any of the equipment as installed by CVCTX, and will not remove any identity numbers, identifying markings or labels from the equipment. I also agree that I will not permit anyone other than an authorized representative of CVCTX to perform any work on the equipment.

- I am eighteen years old or older and all information supplied by or about me is accurate.
- I agree that the term of service is Month to Month.
- I agree that all equipment furnished by CVCTX in conjunction with this service remains the property of CVCTX and shall be returned to CVCTX upon disconnection of service. A fee of \$400.00 will be charged if equipment is not returned within five (5) business days of disconnection of service.
- I agree that the activation includes “standard activation” of all services. Any additional work requested by me and performed by CVCTX will be billed at the hourly rate of \$85.00 per hour per technician with a minimum rate of 1 hour.
- In the event that your CVCTX service is disconnected for any reason including nonpayment and is not reconnected within three (3) months, your CVCTX service is considered permanently disconnected and a Reconnection Fee of \$295.00 will apply.

Legal Name Printed _____

Legal Signature _____

Date _____

CVC Representative _____

CREDIT CARD AUTHORIZATION FORM

Please complete all fields.

Name on Credit Card: _____

Credit Card Billing Address: _____

Contact Telephone Number: _____

Credit Card Number: _____

Credit Card Type: AMEX Discover MC VISA

Expiration Date: _____

CVV (# on back of card): _____ (4 digits if AMEX; 3 digits if Discover, MC, VISA)

Customer Signature: _____

Date: _____

A VALID CREDIT CARD IS THE ONLY FORM OF PAYMENT FOR CVCTX SERVICES IN THE FALCON VIEW COMMUNITY. THE CUSTOMER'S NON-RECURRING CHARGES AND MONTHLY CHARGES WILL BE PRE-PAID VIA THE CREDIT CARD LISTED ON THIS AUTHORIZATION FORM. IT WILL BE THE CUSTOMER'S RESPONSIBILITY TO INFORM CVCTX OF ANY CHANGES TO THIS CARD. Your credit card payment will be processed on or around the 12th of each month.

FOR OFFICE USE ONLY:

Account Number _____

Added to NISC YES

By: _____

Date: _____

New Card

Remove Card

Expiration Update