

IPTV AGREEMENT

want a watem veverywn	ere Account: 1/	/N Email address:	
<u>Applicant Informati</u>	on		
Full Name:			
Last	First	M.I.	
Address: Physical Address	Apt #	P.O. Box #	
City	State	Zipc	ode
lome Phone:	Cell Phone:		
Number of TVs: Nun	nber of High Definition	on TVs:	
Room Location of TVS:			
<u> Monthly Service P</u>	<u>rices:</u>		
Ultimate – T3	\$124.95	Coop Membership Fee	\$10.00
Expanded Basic - T2	\$114.95	Hookup Fee (\$20/\$15/or Free)	
Starter Package - T1	\$52.50	DVR 540 STB	\$12.00
Showtime	\$10.99	Additional STB	\$ 3.00
Starz/Encore	\$ 9.00		
HBO	\$17.50		
Cinemax	\$14.50		
Playboy	\$12.95	TOTAL DUE:	
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Agreement:			
Telephone Cooperative. If fo the customer to replace the S I have finished using the STB within 5 business days in good	r any reason the ed TB(s) with all expensions are d so or services are d d working order. If	op boxes (STB) for use at my ad quipment is damaged, it will be the enses paid by the customer. I also disconnected for any reason, I will f I fail to return this equipment I ca o cover the replacement costs.	e responsibili agree that w return the ST