

FIBER TV APPLICATION

SIREN TELEPHONE COMPANY

7723 Main, P.O. Box 426

Siren, WI 54872

715-349-2224 Fax # 715-349-2576

E-Mail: sirentel@sirentel.net

INSTALLATION TIME: AM / PM

POSSIBLE INSTALL DATE: _____

SERVICE NAME: _____

SERVICE ADDRESS: _____ CITY _____ ZIP _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

NAME(S) OF ADDITIONAL ADULTS IN HOME: _____

CONTACT# _____ CELL# _____ DATE OF BIRTH: _____

SSN# _____ (OR) DRIVERS LICENSE# _____ STATE: _____

MONTHLY SERVICE CHARGES

TOTALS

<input type="checkbox"/> <u>EXPANDED FIBER TV</u>		\$107.00
<input type="checkbox"/> <u>LIFE BASIC FIBER TV</u>		\$35.50
<input type="checkbox"/> <u>VARIETY TIER</u>		\$9.99
<input type="checkbox"/> <u>DVR -SET TOP BOX FEE-</u> \$4.95 /PLUS DVR monthly fee \$7.00 # _____		\$11.95
<input type="checkbox"/> <u>HD BASIC</u>		\$2.99
<input type="checkbox"/> <u>HD TIER</u>		\$9.99
<input type="checkbox"/> <u>SET TOP BOX</u>	Total of Boxes at Install: _____	\$4.95
<input type="checkbox"/> <u>SHOWTIME / FLIX</u>		\$18.99
<input type="checkbox"/> <u>STARZ / ENCORE</u>		\$15.99
<input type="checkbox"/> <u>HBO</u>		\$15.99
<input type="checkbox"/> <u>CINEMAX</u>		\$15.99
<input type="checkbox"/> <u>NFL RED ZONE</u>	*SUNDAY'S ONLY / in season	\$39.99

*Plus Taxes

*There is a monthly modem maintenance fee of \$4.75, which covers the diagnosis, repair and/or replacement of the modem.

*TYPE OF TV CONNECTION TO TELEVISION:

- AV CONNECTION (RED/WHITE/YELLOW) CABLE COMPONENT (RED/GREEN/BLUE)
 HDMI CONNECTION COAXIAL CONNECTION

* Installation fee \$99.00, Plus First Month of Service Charges.

OTHER PRICES:

ADDITIONAL WIRING FEE PER LOCATION	\$20.00 x _____ (Total STB's)
RECONNECT NON-PAY	\$32.00
VACATION RATE RECONNECT	\$10.00
REMOTE CONTROL REPLACEMENT	\$12.95
SET TOP BOX / REMOTE NOT RETURNED	\$172.95

Note: Each location for TV's, **must** have CAT5 wired from fiber modem to location. Drilling may be required.

****PRICES & PROGRAMMING FEES SUBJECT TO CHANGE**
SIREN TELEPHONE COMPANY HAS A 6 MONTH MINIMUM CONNECTION FOR SERVICE

Signature _____

Date _____

