

## Application for Internet Service Provided by Sac County Mutual Telephone Co. and AUREON



Name:		
(Please type or print, illegible forms will delay processing)		
Business Name/Organization:		
Service Address:		PO Box
City:State	e:Zip	):
Billing Address:		_ PO Box
(If different from service address)	o. Zin	
City:State		
Email Address:		
Cell Phone: ( Alternate T	elephone: (	_)
Mother's Maiden Name:		_(Needed for password security)
Additional Authorized Users:		
FIBER INTERNET PACKAGES: Check the services for	which you are app	lying:
<ul> <li>[ ] 50/5 MG \$54.95/month</li> <li>[ ] 75/10 MG \$69.95/month</li> <li>[ ] 100/20MG \$84.95/month</li> <li>[ ] 100/100 MG \$99.95/month</li> <li>[ ] 150/20 MG \$99.95/month</li> <li>[ ] 200/20 MG \$159.95/month</li> <li>[ ] Additional Upload Speed \$1/MG (can not exceed an exceed sections)</li> </ul>	download speed) _	MG
Do you plan to use wireless internet? YES or NO		
If yes, do you need to purchase a wireless router? YES or	NO Password:	
Would you like a new email address? YES or NO New E	mail:	
**\$ 95.00 Installation/set-up fee for FIBER internet service? Prices and availability subject to change without notice.	ce due upon conne	ection**
**ASK US ABOUT OUR MULTI S	SERVICES SAV	INGS!!**
Customer Signature:	Date:	
Please return this completed form to: Sac County Mutual Telephone Co. 108 S. Maple St., PO Box 488 Odebolt, IA 51458 odetelco@netins.net	Internet #:	Date://gnature: :