



TV Service Internet Access Dedicated Internet Bandwidth Telephone

Account Activation Fee *(Please call for pricing and Service Levels)* Service Date Requested: (Mon. - Fri.) ___/___/___

Payment Options: (Check One)

Credit Card - Auto Pay (Deducted on 15th of each month) Credit Card by Phone

Expiration Date _____

Checking Account Auto Pay (Attach voided check - Deducted on 15th of each month)

Pay On-Line at www.SBCityNet.com

Check or Cash

Please Print

Business Name _____

Contact Name _____

Business Phone () _____ **Contact Phone** () _____

Contact Email Address _____

IT Contact _____ **IT Phone** () _____

Service Address _____ **San Bruno, CA**

Bill To Address _____

City, State, Zip _____

FEIN _____ **or Business License** _____

Equipment lent or rented to subscriber must be returned upon disconnect to avoid equipment fees. Remittance due by the 15th of each month. Non-payment will result in disconnection of all services.

Signature _____ **Today's Date** _____ / _____ / _____

Office Use Only

Account # _____ **Account Notes** _____

Scheduled Install Date _____ **Signed Quote** Y N/A **Serviceability** Y N/A