



APPLICATION FOR SERVICES

Internal Use Only: Account#		Date of Service:	
Customer Name(s): _____		SS #: _____	
_____		SS #: _____	
Service Address: _____		Contact Phone _____	
Billing Address: _____		Contact Phone _____	
Billing Method:		Direct Billed	ACH Billed (5th of month) ATTACH VOIDED CHECK or DEPOSIT SLIP
TELEPHONE SERVICE			
Phone Number: _____	_____	Unlisted Phone Number	1.50
Residential Line	10.00	Unlimited Long Distance Res	15.00
Business Line	25.00	Unlimited Long Distance Bus	25.00
E911 (Required)	1.00	LMPC Long Distance	.12/minute
Subscriber Line Charge (Required)	5.00	Toll Restriction	3.00
Telephone Services subject to 3% Federal Excise Tax & 7% Sales Tax			Total Telephone \$ _____
Choose Your Free Calling Features (with Phone Service)			
Call Transfer	_____	Three Way Calling	_____
Call Forwarding	_____	Caller ID/Call Waiting	_____
Caller ID	_____	900 Number Block	_____
Caller ID Blocking	_____	Speed Dial	_____
Voice Mail	_____	Directory Listing	_____
CABLE TV SERVICE			
		Quantity	
Broadcast Starter	25.00	DTA	5.00 each
Basic Plus	45.00	DVR	15.00 each
Variety Plus	21.00	DVR Mini	10.00 each
Sports Plus	9.00	Cinemax	15.00
HBO	18.00	Starz/Starz Encore	12.00
5% City Franchise Fee & 7% Sales Tax added to All CATV Services			Total Cable TV \$ _____
INTERNET SERVICES:			
Cable Modem 8 Mbps/1Mbps	38.00	Cable Modem 50 Mbps/5 Mbps	85.00
Cable Modem 15 Mbps/1Mbps	48.00	Cable Modem 100 Mbps/10 Mbps	125.00
Cable Modem 30 Mbps/3 Mbps	65.00	Secured Wireless Network	3.00
			Total Internet \$ _____
TRIPLE PLAY DISCOUNT (Requires Telephone/Internet/Cable TV Services)			
Broadcast Starter Digital TV Discount			-\$5.00
Basic Plus Digital TV Discount			-\$10.00
			Total Discount \$ _____

Please Initial:

_____/we understand that a deposit equal to one month service cost may be required before services are activated, and that deposit will be held on my account for minimum of 12 months. Deposits will be applied to active accounts in good standing with excellent account history after 12 month period. Deposits will be applied to outstanding balances on cancelled accounts at time of cancellation, with any remaining balance refunded by check.

_____/Application must be returned in person to Laurens Municipal Power & Communications at 272 N Third Street, Laurens, IA, and a valid form of identification must be provided prior to service installation.

_____/I/we understand that by signing this application that I/we are entering into a binding contract for services, and any information provided may be used for collection efforts of outstanding balance if needed.

This application for service shall be in effect upon the receipt and acceptance by Laurens Municipal Power & Communications at its office in Laurens, Iowa.

I hereby certify that I am 18 years of age and that I have the authority to sign this application.

Signature: _____ Print Name: _____ Date: _____

Signature: _____ Print Name: _____ Date: _____

JOINT OWNERS OF ACCOUNT (SPOUSES, JOINT TENANTS, ROOMMATES, ETC)

Printed Name Signature Date

Printed Name Signature Date

OTHER AUTHORIZED INDIVIDUALS (SON, DAUGHTER, RELATIVE, ETC)

Printed Name Relationship to Customer Contact Phone

Printed Name Relationship to Customer Contact Phone

Printed Name Relationship to Customer Contact Phone

PASSWORD ESTABLISHMENT

The password you select may be anything you would like, however, LMPC suggests you use the last 4 digits of your social security number. There are no length or character requirements. Should you forget your password, LMPC will ask you one "hint" question. If this question is used, LMPC will notify you that it has been used in order to gain account access.

I would like my communications billing password to be: _____

Password "Hint" Question (PLEASE ANSWER ONLY ONE!)

My mother's maiden name _____

My pet's name _____

The name of the street I lived on as a child _____

CUSTOMER AUTHORIZATION

I authorize that I have completed this form for use with my communications account with Laurens Municipal Power & Communications. I understand that I may be required to provide my password in order to discuss my account by phone, and that my password will be required by my Other Authorized Individuals before information about my account can be disclosed.

Printed Name Signature Date

Printed Name Signature Date

ACH Billing Authorization: Per my signature below, I authorize Laurens Municipal Power & Communications to initiate monthly ACH debits to my account on or about the 5th day of every month in the amount indicated on my monthly billing statement. This authorization shall be in effect from the date of my signature, and shall remain in effect until revoked in writing by me. Failure to have sufficient funds in the authorized account shall result in charges of \$25.00 plus bank fees for each presentation of payment not honored by my bank.

Signature: _____ Print Name: _____ Date: _____

PLEASE ATTACH VOIDED CHECK