

LAURENS MUNICIPAL POWER & COMMUNICATIONS

APPLICATION FOR COMMUNICATION SERVICES

INTERNAL USE ONLY

Account #

Date of Service

Applicant Information

Name of Applicant _____
 Social Security Number _____ Date of Birth _____
 Contact Phone _____ Employer _____
 _____ Photo ID Attached

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Service Location _____

Internet

__ 8 Mbps/1 Mbps	\$38.00	__ 50 Mbps/ 5 Mbps	\$ 85.00
__15 Mbps/1Mbps	\$48.00	__100 Mbps/10 Mbps	\$125.00
__30 Mbps/3 Mbps	\$65.00	__Secured Wireless	\$ 3.00
Deposit Required _____		Deposit Paid _____	

Cable TV

__ Broadcast Starter	\$32.00	__ Sports Plus	\$ 9.00
__ Basic Plus	\$54.00	__ DTA # _____	\$ 5.00 each
__ Variety Plus	\$21.00	__ DVR # _____	\$ 15.00 each
		__ DVR MINI # _____	\$ 10.00 each
Premium Channels			
__ HBO \$18.00	__ Cinemax \$15.00	__ Starz/StarzEncore	\$12.00
Deposit Required _____		Deposit Paid _____	
All CATV Services Subject to 5% Franchise Fee & 7% Sales Tax			

Telephone

__ Residential Line	\$10.00	__ Unlimited Long Distance	\$15.00
__ Business Line	\$25.00	__ Unlimited Long Distance	\$25.00
__ Toll Restriction	\$ 3.00	__ Unlisted Phone Number	\$ 1.50
Required Fees:	E911 (\$1.00)	Subscriber Line Charge (\$6.00)	
Optional Services: (No Charge)			
__ Call Transfer	__ Call Forwarding	__ Three Way Calling	__ Call Waiting
__ Caller ID	__ Caller ID/Call Waiting	__ Caller ID Blocking	__ Voice Mail
__ Speed Dial	__ 900 Number Block		
Deposit Required _____		Deposit Paid _____	
Telephone Services subject to 3% Federal Excise Tax & 7% Sales Tax			

Billing

LMPC bills are generated on or about the 15th of every month and are due the 5th of the following month. Late fees and penalties will be assessed to accounts with outstanding balances after the due 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.

Bank Name _____

Account Name _____

Routing Number _____ Account Number _____

Effective Date _____ Signature _____

Other Authorized Individuals

LMPC will not release your account information to any party other than named account holders, as required/allowed by law and other individuals authorized by you as noted below.

Name _____ Relationship _____

Name _____ Relationship _____

CPNI

LMPC is committed to protecting the privacy and security of our customers' personal information and we comply with federal laws regarding the protection of customer proprietary network information (CPNI). Before your account information can be disclosed to any person, the identity of the requesting party must be confirmed by one of the following:

*Password: _____

*Security Question: (answer only ONE of the following)

Mother's Maiden Name _____

Pet's Name _____

Street I lived on as a child _____

*Photo Identification

I authorize that I have completed this form for use with my communications account with LMPC. 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 on my account can be disclosed.

Printed Name _____ Signature _____ Date _____

Printed Name _____ Signature _____ Date _____

Terms of Service

I hereby apply for the requested LMPC services to be delivered to the service location listed above pursuant to LMPC Terms of Services. My signature below signifies my agreement to pay each monthly bill in a timely manner and I understand LMPC can and will exercise their rights under the laws of Iowa to collect any unpaid fees due to LMPC.

The above referenced deposit is intended to guarantee payment of bills and is required for each service connection. An additional deposit may be subsequently required if the deposit is found insufficient and the account becomes marked by untimely payments.

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____