

RESIDENTIAL SERVICE APPLICATION

Account Information:									
Name (Primary):			(Secondary):					
Address:									
				State:		7in:			
SSN:		,			te: Zip: CPNI Password*:				
					CI WI 1 d33W	oru			
Billing Address:									
City:				State:		Zip: _			
Contact Information:									
		Ce	II•		Δl+·				
Work:									
Authorized Representative:									
Duran auto Informa attana									
Property Information:									
						Yes _		No	
Other Info (Sprinkler System, Locke									
Desc. of Home (Color/Style/ETC.) _									
Directions to your home:									
How did you hear about us?									
Broadband:**	Monthly:	Qty	Total	Tel	evision Options:	Monthly	Qty	Total	
Silver UP TO 100 Mbps	\$49.99			Premium Cl	hannels: Select Below				
Gold UP TO 500 Mbps	\$63.99			HBO/CINEMAX/SE	HOWTIME & TMC/STARZ & ENCORE	\$16.95 EA			
Platinum UP TO 1000 Mbps (Gigabit)	\$83.99				ts (9 Channels)	\$5.95			
Television (1 Receiver Included)	T .	1			no (10 Channels)	\$5.95			
Broadcast Television Surcharge MUST SELECT IF RECEIVING TV SERVICE	\$5.00				tional Upgrades:	(4)			
HD Service must select if receiving tv service	\$4.99			, ,	ave w/TV Service)				
Limited	\$29.99				Receiver's for TVs (1x Fee/Remote)	<u> </u>	$\overline{}$		
Gold	\$71.99				ne DVR Solution	<u> </u>			
Platinum	\$84.99			Battery Bac		<u> </u>			
VoIP: (Telephone)				Ready2Roll	•	\$9.99			
Basic (Local Only)	\$19.99			Remote Sur		\$4.99			
Unlimited	\$44.99			Bur	ndle and Save:	Discount			
# of Phone Lines				Double Play	(Inet & TV or Phone)	Monthly Qty Telement Yes			
Phone #'s to be Ported:	e Ported: Triple Play (Inet, TV, & Phone) 10%								
Ala carte phone features are available	for Basic Ph	one pla	n			•	·		
*CPNI password will be asked of you or *All speeds are best effort and not gua not supported but provided to the custo overhead, and other limitations. ***Battery Back-Up can be purchase for	other author aranteed. A w omer as a fre	rized us vired In e conv	sers when calling the officternet connection is preference. Gigabit is a max	erred. The wireles	ss provided by Bolt is spec				
Customer Signature		Date							
Customer Signature	Customer Signature								
Disclaimer: By signing this document cu months of TV Service and agrees to Bolt				ast one service off	fering for a minimum 6 m	onths of Inter	net/Phor	ne Service, or	

Office Use Only

Date:	BOLT Account #:	NET LOC CODE:	CSA:	
Pole #:		School Zone:	CSR:	
Amount Paid:	CC:	Check:	Cash:	