APPLICATION FOR SERVICE

Name: _____

Service Address:

_____ **City**: _____**ST**___ **Zip**_____

Mailings Address:

_____ **City**: _____**ST**___ **Zip**_____

Email: _____

Telephone: _____

Choose package:

Residential: [ ] Standard [ ] Premium [ ] Ultra

Commercial Lite: [ ] Standard [ ] Ultra

Commercial Elite: [ ] Standard [ ] Premium [ ] Ultra

Phone service: [ ] Yes [ ] No

Monthly Due Date: [ ] 5th [ ] 20th

OFFICE USE ONLY:
OVERHEAD ( ) UNDERGROUND ( )
METER # _____
SPECIAL INSTRUCTIONS:

_____
_____
_____
_____
_____
_____

Maintenance Plan _____YES _____NO

Maintenance Plan Agreement:

I agree to the charge of $5.00 to be added to my TEPAconnect bill monthly to subscribe to the TEPAconnect Maintenance Plan. This plan must be on account for at least 12 months to subscribe. This charge covers all fees and equipment at no extra charge to the customer.

CUSTOMER SIGNATURE: _____

E-bill & Autopay _____YES _____NO

IF YES, PROVIDE PAYMENT INFORMATION:

[ ] CHECKING ACCOUNT

Name of Bank: _____

Name on Acct: _____

Bank Acct #: _____ Bank Routing #: _____

[ ] CREDIT/DEBIT CARD

NAME ON CARD: _____
CREDIT CARD #: _____
EXP. DATE: _____ CCV #: _____

NOTE: By choosing the option of E-bill & Autopay, I authorize TEPAconnect to deliver my bill via the email address provided and to charge my choice of payment on the respective due date for which bills are due.

CUSTOMER SIGNATURE: _____DATE: _____