



INDUSTRY TELEPHONE COMPANY
P.O. Box 40, Industry, Texas 78944
Tel: (979) 357-4411, (888) 212-8872
Fax: (979) 357-2323

APPLICATION FOR INTERNET

Name: _____
 Billing Address: _____

 City, State & Zip: _____

Location & Description of Property

Landowner _____
 911 Address _____
 County: _____ School Dist: _____
 In/Out City Limits _____ City _____
 Electric Service _____ Water District _____
 Name of closest neighbor _____
 Are there locked gates to this property? Yes No
If yes, please provide combination or key. _____
 Easement on file? Yes No
 Name of previous Owner/Occupant: _____

Is this a house, manufactured home or other? _____
 Is it wired for telephone service? Yes No
 If not, do you want us to wire? Yes No

NOTE: if we do the wiring, there will be a \$65.00 per hour labor fee plus materials and tax. If the customer does the wiring they are responsible for getting the connecting wires to the NID.

DSL Only/ Copper - \$99 one time inst: Monthly
 Extreme 20.0 Mbps \$99.95

Fiber - \$99 one time installation fee Monthly
 Fiber 100 100 Mbps \$99.95
 Fiber 300 300 Mbps \$169.95
 Fiber 500 500 Mbps \$249.95

Equipment- Modem

Standard Wireless*

* \$45 one time fee

iVision - \$99 one time installation fee Monthly
 Local Plus \$44.95
 Basic \$99.95
 STARZ Encore Movie Package \$12.95
 Showtime Package \$10.99
 HBO Movie Package \$25.00
 Music Channels \$1.50
 DVR \$4.95

Primary Contact Information

First Telephone Contact: _____ Number: _____
 Second Telephone Contact: _____ Number: _____
 Email address: _____

Nearest Relative not residing in your household for your personal reference

Name: _____ Relation _____
 Address: _____ Phone # _____

Password _____ *Must be 8 characters in length with a combination of letters & numbers*

Security Questions

Authorized Users _____

Favorite Color _____

Favorite Pet's Name _____

Favorite Hobby _____

Credit Information

Most Recent Telephone Service Billed In Your Name or Shared With Spouse or Former Spouse

Name Service Was In _____ Telephone # _____

Telephone Co. Name _____ Telephone Co. # _____

Date Service Disconnected: _____

FOR BUSINESS APPLICANTS, PLEASE COMPLETE THE FOLLOWING:

Form of Business: Sole Ownership Partnership Corporation

Company Officer(s) Name(s): _____ Title(s): _____

Type of Business: _____ Year Established _____

Contact Name: _____ Contact Telephone # _____

Information About Yourself

Name _____

Social Security # _____ Date of Birth _____ Employer Name _____

Drivers License # _____ State _____ Employer Address _____

Please provide copy of Driver's License Employer Telephone # _____

Information About Individual You Will Be Sharing This Service With

Name _____

Social Security # _____ Date of Birth _____ Employer Name _____

Drivers License # _____ State _____ Employer Address _____

Please provide copy of Driver's License Employer Telephone # _____

Please initial the following statements

I have received Industry's terms and conditions for service.

_____ I have received information regarding my customer rights.

_____ I have received information about Industry's lowest-priced alternatives, including the availability of Lifeline service.

_____ I authorize Industry to disconnect any current telecommunications provider from my property in order to connect Industry's service.

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

Below for Office Use Only:

Monthly Recurring Charges		Installation Charges	
Local Service	_____	Service Order	\$20.00
FCC Charge - Res/Bus Single Line	_____	Central Office	\$10.00
FCC Charge - Multiline Business	_____	Line Connection	\$20.00
Non-Published or Unlisted #	_____	Premise Visit	\$35.00
Extra Directory Listings (each)	_____	Total Due:	_____
911 Fee	_____	Date Paid	_____
		CSR Initials:	_____
Check One: <input type="checkbox"/> Cash <input type="checkbox"/> MO <input type="checkbox"/> CC <input type="checkbox"/>		Telephone Number	_____