INDUSTRY COMMUNICATIONS
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 installation fee

		Monthly
☐ Extreme	25.0 Mbps	$84.95

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 # _____

Account Security

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

Security Questions

Favorite Color _____

Favorite Pet's Name _____

Authorized Users _____

_____

Favorite Hobby _____

Credit Information

Most Recent Phone Service Billed In Your Name

Name Service Was In _____ Telephone # _____

Carrier Name _____ Carrier Telephone # _____

Dates of Service: _____

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 # _____

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____