



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

APPLICATION FOR DSL-ONLY SERVICE (residential customers only - up to 20 Mbps download)

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 DSL 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.

Modem

Standard 4-Port Wireless* * \$45 one time fee

DSL - \$99 one time installation fee

iVision - \$99 one time installation fee

<input type="checkbox"/> Local Plus	Monthly \$44.95
<input type="checkbox"/> Basic	\$99.95
<input type="checkbox"/> Entertainment Package	\$12.95
<input type="checkbox"/> DVR	\$9.95

Primary Contact Information

First Telephone Contact: _____ Name: _____

Second Telephone Contact: _____ Name: _____

Email Address: _____

Nearest Relative not residing in your household for your personal reference

Name: _____ Relation _____

Address: _____ Phone # _____

Security Information

Password _____ *(Must be 8 characters in length w/ a combo of letters & numbers)*

Security Questions Authorized Users _____

Favorite Color _____

Favorite Pet's Name _____ Favorite Hobby _____

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 # _____

Signatures

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____