



Application for Internet Service Provided by Sac County Mutual Telephone Co. and netINS



Name: _____
(Please type or print, illegible forms will delay processing)

Organization: _____

Service Address: _____ PO Box _____

City: _____ State: _____ Zip: _____

Billing Address: _____ PO Box _____
(If different from service address)

City: _____ State: _____ Zip: _____

Daytime Telephone: (____)____-____ Home Telephone: (____)____-____

Preferred Username: _____ (15 Characters Max.)

Mother's Maiden Name: _____ (Needed for password security)

PACKAGES: Check the services for which you are applying:

- | | |
|--|---|
| <i>(DSL With Phone Service)</i> | <i>(DSL Only)</i> |
| <input type="checkbox"/> DSL 2MG \$39.95/month | <input type="checkbox"/> DSL 2MG \$59.95/month |
| <input type="checkbox"/> DSL 3MG \$54.95/month | <input type="checkbox"/> DSL 3MG \$74.95/month |
| <input type="checkbox"/> DSL 4MG \$69.95/month | <input type="checkbox"/> DSL 4MG \$89.95/month |
| <input type="checkbox"/> DSL 10MG \$99.95/month <i>(Where available)</i> | <input type="checkbox"/> DSL 10MG \$119.95/month <i>(Where available)</i> |

Additional email addresses – FREE (max. 4 additional)

1st Additional email username _____ REAL name _____

2nd Additional email username _____ REAL name _____

Your computers operating system: Windows _____ Macintosh _____

****\$ 95.00 Installation/set-up fee for DSL service due upon hook-up****

Prices and Availability subject to change without notice.

Customer Signature: _____ Date: ____/____/____

Please return this completed form to: Sac County Mutual Telephone Co.
108 S. Maple St., PO Box 488
Odebolt, IA 51458
odetelco@netins.net

Authorized Telco Signature: _____ Date: ____/____/____