



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



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

Business Name/Organization: _____

Service Address: _____ PO Box _____
City: _____ State: _____ Zip: _____

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

City: _____ State: _____ Zip: _____

Email Address: _____

How would you like to receive monthly statements? EMAIL or PAPER

Cell Phone: (_____) Alternate Telephone: (_____)

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

Additional Authorized Users: _____ Phone # _____

FIBER INTERNET PACKAGES: Check the services for which you are applying:

- 50 MG \$39.95/month
- 75 MG \$54.95/month
- 100 MG \$69.95/month
- 150 MG \$84.95/month
- 200 MG \$99.95/month
- 300 MG \$159.95/month

Additional Upload Speed \$1/MG (can not exceed download speed) _____ MG

If yes, do you need to purchase a wireless router? YES or NO Password: _____

Would you like a new email address? YES or NO New Email: _____

****Due upon connection of FIBER internet: \$95 installation/set up fee & first months service****
Prices and availability subject to change without notice.

****ASK US ABOUT OUR MULTI SERVICES SAVINGS!****

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
Ph. 712-668-2200

OFFICE USE ONLY Date: _____ / _____ / _____
Internet # : _____
Account # : _____
Authorized Telco Signature: _____
Tech Signature: _____