



**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: _____

Cell Phone: (_____) _____ - _____ Home Telephone: (_____) _____ - _____

New Username/Email Address: _____ (15 Characters Max.)

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

Additional Authorized Users: _____

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

☐ 25/3 MG \$39.95/month

☐ 50/5 MG \$54.95/month

☐ 75/10 MG \$69.95/month

☐ 100/20MG \$84.95/month

☐ 100/100 MG \$99.95/month

☐ 150/20 MG \$99.95/month

☐ 200/20 MG \$159.95/month

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

☐ Additional Aureon email addresses – FREE

Username _____ REAL name _____

Do you plan to use wireless internet? YES or NO

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

****\$ 95.00 Installation/set-up fee for FIBER internet service due upon connection****

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

OFFICE USE ONLY Date: ____/____/____

Internet # : _____

Authorized Telco Signature: : _____