

INLAND TELEPHONE COMPANY (d/b/a INLAND NETWORKS)

103 S. 2ND Street, P.O. Box 171
Roslyn, WA 98941
Email: custserv@inlandnet.com

(509) 649-2211
Fax (509) 649-2555

NOTE: MUST COMPLETE A CUSTOMER INFORMATION FORM PRIOR TO COMPLETING THIS FORM.
NOTE: CABLE TELEVISION SERVICE IS PROVISIONED BY R & R CABLE COMPANY ON BEHALF OF INLAND TELEPHONE COMPANY

DISCLOSURE

Inland Telephone Company is an equal service provider and does not unlawfully discriminate on the basis of race, sex, age, religion, national origin, gender identity, sexual orientation, marital status, veteran status or any other basis prohibited by federal, state or local law.

ALL RATES/SERVICES ARE CONTINGENT UPON SERVICE AVAILABILITY IN YOUR AREA.

CUSTOMERS NAME(S) _____

CABLE TELEVISION SERVICE REQUESTED

ADD PREMIUM CHANNELS OR MUSIC? (Can be added to BASIC, EXPANDED BASIC, or EXPANDED PLUS Service)

EQUIPMENT - DIGITAL CONVERTER TERMINAL (DCT) OR CABLE CARD

_____	HOW MANY?	_____
_____	HOW MANY?	_____
_____	HOW MANY?	_____
_____	HOW MANY?	_____

NOTE: IF YOU HAVE YOUR OWN DCT, INLAND NETWORKS WILL NOT SUPPORT THIS DEVICE BEYOND SET-UP. WE DO NOT GUARANTEE THAT YOUR DEVICE WILL WORK ON OUR NETWORK AND THE SET-UP FEE SHALL BE ASSESSED WHETHER OR NOT YOUR DEVICE WORKS ON OUR NETWORK.

NEED A WALL JACK? (Non-recurring charge/One-time charge)

- NOTE: IF 3 MONTHS IS PAID IN ADVANCE, THE INSTALLATION OR RECONNECT CHARGE IS WAIVED; SERVICE MUST BE KEPT FOR 3 MONTHS.**
- NOTE: ANY UPGRADES IN SERVICE LEVEL MUST BE HELD FOR ONE MONTH BEFORE DOWN GRADING SERVICE LEVEL; INCLUDES PREMIUMS.**
- NOTE: THE LATE PAYMENT FEE IS \$7.00 FOR DELINQUENT CABLE TELEVISION PAYMENTS.**
- NOTE: ALL APPLICABLE TAXES AND/OR REGULATORY FEES APPLY.**
- NOTE: IF A DIGITAL CONVERTER TERMINAL OR CABLE CARD IS DAMAGED OR NOT RETURNED AT THE TIME SERVICE IS DISCONNECTED, A \$500.00 FEE WILL BE ASSESSED PER DCT OR CABLE CARD.**
- NOTE: INLAND NETWORKS RESERVES THE RIGHT TO CHANGE, MODIFY, ADD, AND/OR DELETE PROGRAMMING WITHIN ITS CHANNEL LINE-UPS AT ANYTIME, WITH OR WITHOUT NOTICE, WITHOUT RECOURSE.**

SIGNATURE OF APPLICANT _____ DATE _____

APPLICANT (PRINTED) _____

SIGNATURE OF CO-APPLICANT _____ DATE _____

CO-APPLICANT (PRINTED) _____