

STARWIRE TECHNOLOGIES, LLC

www.starwire.net * 877-679-4242 * info@starwire.net

Internet Application

BILLING INFORMATION

Company Name: _____

Applicant: _____ SSN# _____

Telephone Number(s): _____

Co-applicant: _____ SSN# _____

Telephone Number(s): _____

Authorized user(s): _____

(These are additional users, other than applicants above, allowed to obtain or change account information.)

Billing Email Address: _____

(This is the email address where your monthly invoices will be sent)

Wireless Broadcast _____ Security Key (8+ characters): _____

(This is the name you will see when you search for a network and password you will use to logon to WIFI)

Mailing Address: _____ City, State, Zip: _____

Property Address: _____ City, State, Zip: _____

County: Pine Burnett Polk

How did you hear about us? _____

The term of this agreement is: **12 months and month to month thereafter, OR: month to month with \$ _____ Install fee.**
Early termination, if applicable, will result in a penalty. By signing below, you are agreeing to the terms and conditions set forth in the Standard Agreement and warrant that you have the authority to grant permission to Starwire for performing the steps necessary for installation, including but not limited to: burying cables on the property, drilling holes in walls, and securing wire and enclosures to the building.

For fiber locations, a \$50 Deposit is required with this application and will be applied toward your first month of service upon activation. Service must be activated within 90 days of the service becoming available or the deposit becomes non-refundable. _____ *(Please indicate the type of payment included with this application, Cash or Check.)*

Applicant Signature: _____ Date Signed: ____ / ____ / ____

Co-applicant Signature: _____ Date Signed: ____ / ____ / ____