

Celect Communications, LLC

P.O. Box 189
Spring Valley, WI 54767
Phone: 715-778-2121
1-800-285-7993
Fax: 715-778-4798

Date: _____
CSR: _____
Account #: _____
Date you want service: _____

CUSTOMER INFORMATION

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Name: _____ Company: _____
Address: _____ City: _____
State: _____ County: _____ Zip: _____
Home Phone: _____ Alternate #: _____
Rent or Own _____ Landlord Name _____
Landlord # _____ DL or SS # _____

CHOOSE YOUR PLAN

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Basic Analog Package 67 Channels (Includes Channels 2-82)

The Options Below Require Digital Set Top Box

Basic Digital Family Package* 103 Channels Also Includes 30 music Channels, On-screen guide and PPV Options

- Add Cinemax Package*
- Add HBO Package*
- Add Show Time/The Movie Channel Package*
- Add Starz/Encore Package*

All American Package* (Includes Above Packages) 135 Channels Also Includes 30 Music Channels, On-screen guide and PPV Options

*Prices includes the First Set Top Digital Set Top Box Rental	To access PPV channels, a 4 digit PIN may be required.
Additional Boxes.....\$4.95/month each	PIN:

Pricing and availability are subject to change without notice.

ACCEPTANCE

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Read the following, and sign to indicate acceptance

I, the undersigned, am requesting a Celect Communications, LLC account. By signing this agreement I agree not to use Celect Communications, LLC for any purpose which violates U.S., state or local laws. I agree not to use Celect Communications, LLC to interfere with or disrupt users, services or equipment

Celect Communications, LLC reserves the right to disconnect customer if Celect Communications, LLC has reason to believe customer is in any way violating any of the terms of this agreement. I agree to hold Celect Communications, LLC, its officers, agents and any of its members harmless from liability arising from special, indirect or consequential damages including but not limited to any lost profits, loss of opportunity or any other loss which may result from the use of, misuse of, or lack of availability of Celect Communications, LLC or its facilities

Signature of Individual or Person Authorized for Group _____ Date _____