

OMNI III CABLE T.V., INC.
NEW SERVICE REQUEST FORM

ACCOUNT NUMBER: _____

<u>Digital Video Options:</u>	<u>Per Month</u>
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Basic Package (Including Local Channels)	<input type="checkbox"/>	\$ 35.00
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Expanded Basic Package (Includes Basic Package + Local Channels)	<input type="checkbox"/>	\$ 105.00
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Total Package (Includes Basic Package + Local Channels + Expanded Basic + Variety Tier)	<input type="checkbox"/>	\$ 120.00
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Add Premium Channels – STARZ/ENCORE PACKAGE (8 Channels)	<input type="checkbox"/>	\$ 20.00
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Do you need additional Set Top Boxes? <small>(First regular Set Top Box free)</small>	YES <input type="checkbox"/> NO <input type="checkbox"/>	How many? _____	\$ 7.00/box
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Do you need a DVR?	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$ 9.00/box
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Digital Video Service requires a \$185.00 Installation Fee. Installation fee is waived if customer signs a 1-year service agreement. If service is terminated by customer before the agreement 1-year period is completed, the account will be billed the prorated \$185.00 Installation Fee. A \$65.00 Early Termination Fee may apply.

Applicant Over 62? (Free Installation): YES NO

Secondary Responsible Party Over 62? (Free Installation): YES NO

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In making this request for service, the undersigned Applicant agrees to the rules, regulations, tariffs, rates, and policies of OMNI III CABLE T.V., INC. regarding the requested service which are in effect at the time the request is made. Applicant further agrees and understands that said rules, regulations, tariffs, rates, and policies are subject to change from time to time and those changes will be applicable to the requested service and binding upon Applicant.

APPLICANT SIGNATURE (FINANCIALLY RESPONSIBLE PARTY CAN MAKE CHANGES TO THE ACCOUNT)

DATE

PRINT NAME

SECONDARY RESPONSIBLE PARTY (FINANCIALLY RESPONSIBLE PARTY CAN MAKE CHANGES TO THE ACCOUNT)

DATE

PRINT NAME

OMNI III CABLE T.V., INC. ACKNOWLEDGEMENT OF RECEIPT OF SERVICE REQUEST

OMNI III CABLE T.V., INC. REPRESENTATIVE SIGNATURE

DATE