

# LAURENS MUNICIPAL POWER & COMMUNICATIONS

## APPLICATION FOR COMMUNICATION SERVICES

INTERNAL USE ONLY

Account #

Date of Service

**Applicant Information**

Name of Applicant \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Contact Phone \_\_\_\_\_ Employer \_\_\_\_\_  
 \_\_\_\_\_ Photo ID Attached

Name of Applicant \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Contact Phone \_\_\_\_\_ Employer \_\_\_\_\_  
 \_\_\_\_\_ Photo ID Attached

Service Location \_\_\_\_\_  
 Billing Address \_\_\_\_\_

**Internet**

<input type="checkbox"/> 200 Mbps Fiber	\$58.00	<input type="checkbox"/> 1000 Mbps Fiber	\$ 118.00
<input type="checkbox"/> 400 Mbps Fiber	\$68.00	<input type="checkbox"/> Managed Gateway	INCL
<input type="checkbox"/> 800 Mbps Fiber	\$88.00	<input type="checkbox"/> Mesh Wi-Fi Unit	\$ 10.00
Deposit Required _____		Deposit Paid _____	

**Cable TV**

<input type="checkbox"/> Broadcast Starter	\$32.00	<input type="checkbox"/> Sports Plus	\$ 9.00
<input type="checkbox"/> Basic Plus	\$54.00		
<input type="checkbox"/> Variety Plus	\$21.00	<input type="checkbox"/> DTA	\$ 5.00
Premium Channels			
<input type="checkbox"/> HBO	\$18.00	<input type="checkbox"/> Cinemax	\$15.00
		<input type="checkbox"/> Starz/Encore	\$12.00
Deposit Required _____		Deposit Paid _____	

\*\*All CATV Services Subject to 5% Cable TV Franchise Fee & 7% Sales Tax\*\*

**Telephone**

<input type="checkbox"/> Residential Line	\$10.00	<input type="checkbox"/> Unlimited Long Distance	\$15.00
<input type="checkbox"/> Business Line	\$25.00	<input type="checkbox"/> Unlimited Long Distance	\$25.00
<input type="checkbox"/> Toll Restriction	\$ 3.00	<input type="checkbox"/> Unlisted Phone Number	\$ 1.50
Required Fees: E911 (\$1.00)		Subscriber Line Charge (\$5.00)	
Optional Services: (No Charge)			
<input type="checkbox"/> Call Transfer	<input type="checkbox"/> Call Forwarding	<input type="checkbox"/> Three Way Calling	<input type="checkbox"/> Call Waiting
<input type="checkbox"/> Caller ID	<input type="checkbox"/> Caller ID/Call Waiting	<input type="checkbox"/> Caller ID Blocking	<input type="checkbox"/> Voice Mail
<input type="checkbox"/> Speed Dial	<input type="checkbox"/> 900 Number Block		
Deposit Required _____		Deposit Paid _____	

\*\*Telephone Services subject to 3% Federal Excise Tax and 7% Sales Tax\*\*

**Billing**

Communications Services bills are generated on or about the 15th of every month and are due the 5th of the following month. Late fees and penalties will be assessed to accounts with outstanding balances after the due date.

**ACH Billing Authorization**

Per my signature below, I authorize Laurens Municipal Power & Communications to initiate monthly ACH debits to my account on or about the 5th day of every month in the amount indicated on my monthly billing statement. This authorization shall be in effect from the date of my signature, and shall remain in effect until revoked in writing by me. Failure to have sufficient funds in the authorized account shall result in charges of \$25.00 plus bank fees for each presentation of payment not honored by my bank.

Bank Name \_\_\_\_\_

Account Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Effective Date \_\_\_\_\_ Signature \_\_\_\_\_

**Other Authorized Individuals**

LMPC will not release your account information to any party other than named account holders, as required/allowed by law and other individuals authorized by you as noted below.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**CPNI**

LMPC is committed to protecting the privacy and security of our customers' personal information and we comply with federal laws regarding the protection of customer proprietary network information (CPNI). Before your account information can be disclosed to any person, the identity of the requesting party must be confirmed by one of the following:

\*Password: \_\_\_\_\_

\*Security Question: (answer only ONE of the following)

Mother's Maiden Name \_\_\_\_\_

Pet's Name \_\_\_\_\_

Street I lived on as a child \_\_\_\_\_

\*Photo Identification

I authorize that I have completed this form for use with my communications account with LMPC. I understand that I may be required to provide my password in order to discuss my account by phone, and that my password will be required by my Other Authorized Individuals before information on my account can be disclosed.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Terms of Service**

I hereby apply for the requested communications services to be delivered to the service location listed above pursuant to LMPC Terms of Services. My signature below signifies my agreement to pay each monthly bill in a timely manner and I understand LMPC can and will exercise their rights under the laws of Iowa to collect any unpaid fees due to LMPC.

The above referenced deposit is intended to guarantee payment of bills and is required for each service connection. An additional deposit may be subsequently required if the deposit is found insufficient and the account becomes marked by untimely payments.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_