



# Cable Connect Form

*The  
Fairways  
at Marion*

071 / 083 / 090

New Resident  
  Executive Unit  
  Reconnect  
  Disconnect  
  Transfer  
  Name Change  
  Upgrade / Downgrade

**Please Print**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security # (REQUIRED) \_\_\_\_\_  
 Address Birdie Dr Apt# \_\_\_\_\_ Telephone Number (\_\_\_\_\_) \_\_\_\_\_  
 Alternate Telephone Number (\_\_\_\_\_) \_\_\_\_\_  
**\*\*Phone Numbers must be current.**

**Name Change?** If yes, please provide previous name: \_\_\_\_\_

Notes or Billing Address (if different than above):	<b>Roommate Name:</b> _____
	<b>Roommate Phone Number:</b> (_____) _____
	<b>Transfers ONLY: New Address (please print)</b>
	Address _____ Apt# _____ City _____ State _____ Zip _____

<input checked="" type="checkbox"/>	Basic Cable	Complimentary
<input type="checkbox"/>	Value Tier	\$
<input type="checkbox"/>	Cinemax	\$
<input type="checkbox"/>	HBO	\$
<input type="checkbox"/>	Starz and Encore	\$
<input type="checkbox"/>	Showtime	\$
<input type="checkbox"/>	Connect Charge*	\$15.00
Total Due Today: \$		

The resident acknowledges the resident's legal obligation to pay for cable services and acknowledges that continuation of cable service is subject to the cable rates, payment procedures and discontinuation of service procedures adopted, from time to time, by Lindsey Communications, Inc. A \$25.00 service charge will be assessed to your account for each returned or stopped payment. We reserve the right to convert all checks into an ACH debit at our discretion.

Resident Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_  
 Office Personnel Name: \_\_\_\_\_

\*Connect Charge waived when all services are ordered.

**Resident is responsible for disconnecting service at end of lease.**

Fax form and copy of payment to:  
479-527-8844

Attach Copy of Payment Here