



Cable Connect Form



070 / 087

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

Please Print

 First Name Last Name Telephone w/area code (Required) (_____) _____

 Address Par Dr. Apt # City State Zip Social Security Number (**REQUIRED**)

 City State Zip

Name Change? If yes, please provide previous account holders name: _____ Transfers: new apt# _____

Bill To Address:
 (if different than above)

Effective Date: _____

Office Personnel Name: _____

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.

Basic Cable Complimentary

Resident's Signature Date

Value Tier \$

Starz and Encore \$

Cinemax \$

Showtime \$

*Installation Charge waived when all services are ordered.

HBO \$

Installation Charge* \$15.00

Total Due Today: \$

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