Lindsey Communications, Inc. Cable Connect Form THE LINKS at Texarkana

062 / 117

☐ New Resident ☐ Executive Unit ☐ Reconnect ☐ Disconnect ☐ Transfer ☐ Name Change

Please Print

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

333 Links Dr. _____ Texarkana AR 71854 _____
Address Apt # City State Zip Code Social Security Number (**REQUIRED**)

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.

_____ _____
Resident's Signature Date

Rate	$ 33.90
Connect Fee	$ 18.00
Tax	10%

1	$ 57.09	16	$ 38.45
2	$ 55.85	17	$ 37.20
3	$ 54.60	18	$ 73.25
4	$ 53.36	19	$ 72.01
5	$ 52.12	20	$ 70.76
6	$ 50.88	21	$ 69.52
7	$ 49.63	22	$ 68.28
8	$ 48.39	23	$ 67.03
9	$ 47.15	24	$ 65.79
10	$ 45.90	25	$ 64.55
11	$ 44.66	26	$ 63.31
12	$ 43.42	27	$ 62.06
13	$ 42.17	28	$ 60.82
14	$ 40.93	29	$ 59.58
15	$ 39.69	30	$ 58.33

Attach Copy of Payment Here

Total Due Today: $

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

10/30/2007