



Cable Connect Form



126

New Resident
 Executive Unit
 Reconnect
 Disconnect
 Transfer
 Name Change

Please Print

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

147 Links Dr. Canton MS 39046
 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.

Rate \$ 39.99
 Connect Fee \$ 15.00
 Tax 7%

Resident's Signature

Date

1	\$ 58.84	16	\$ 37.44
2	\$ 57.41	17	\$ 36.02
3	\$ 55.99	18	\$ 77.38
4	\$ 54.56	19	\$ 75.96
5	\$ 53.13	20	\$ 74.53
6	\$ 51.71	21	\$ 73.10
7	\$ 50.28	22	\$ 71.68
8	\$ 48.86	23	\$ 70.25
9	\$ 47.43	24	\$ 68.82
10	\$ 46.00	25	\$ 67.40
11	\$ 44.58	26	\$ 65.97
12	\$ 43.15	27	\$ 64.54
13	\$ 41.72	28	\$ 63.12
14	\$ 40.30	29	\$ 61.69
15	\$ 38.87	30	\$ 60.27

Attach Copy of Payment Here

Total Due Today: \$

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