



CUSTOMER SIGNUP FORM

GENERAL INFORMATION

Name: _____
(First Name) (Middle Name) (Last Name)

Service Address: _____ Parish: _____ Postal Code: _____

BILLING INFORMATION:

Billing Address: _____ Parish: _____ Postal Code: _____

CONTACT INFORMATION:

Home Phone: _____ Mobile: _____ Work Phone: _____

Email: _____ Employer: _____

IDENTIFICATION INFORMATION:

Photo ID: License No.: _____ or Passport No.: _____ Date of Birth: dd / mm / yy

STATEMENT DELIVERY:

Email Account: _____

PAYMENT INFORMATION:

Choose credit/debit card payment option: Credit Card Debit Card / MasterCard Visa AmEx

Name: (As it appears on card) _____

Card #: _____ Expiration: ____/____

Please charge my card on the 15th of each month for my balance due: Yes No

DIGITAL PACKAGE SELECTION:

Local Basic Classic High Definition

MOVIE PAKS: Cinemax HBO Showtime TMC Max Pak (SportsMax / SportsMax2)

Number of Set-Top-Boxes Required: _____

PAYMENT AUTHORIZATION:

I confirm that I am at least 18 years of age and, as the authorized signatory, I confirm that payment is due by the payment due date on the invoice for WOW service. Payment can be made by automatic debit/credit card. If payment is not received by the due date, WOW reserves the right to charge your debit/credit card listed on this application. If I am signing for service on someone else's behalf, I am responsible for any amount out-standing if not paid. I will be responsible for all debt collection, legal and other charges incurred by WOW in attempt to recover all overdue amounts. I certify that all information provided in this application is correct and true. I give WOW permission to obtain information from any source to verify statements in this application.

Signature: _____ Date: dd / mm / yy

OFFICIAL USE:

Account #: _____ STB #: _____ Access Card #: _____

Comments: _____

Customer Care Associate: _____