

CUSTOMER ORDER FORM

AUTHORIZED RETAILER

CUSTOMER INFORMATION

Last Name:		First Name:		Business Name:	
Primary Phone:		Alternate Phone:		Cell Phone:	
Address:			Billing Address:		
City:	State:	Zip:	City:	State:	Zip:
Email:			SSN:		
Credit Card:			Exp. Date:	CW:	DOB:
Financial Institution:		Account Type:	Routing #:	Account #:	

SERVICE INFORMATION

Number of TVs:		Receiver Configuration:	
Package:		Auto Pay?	Internet access available?
Total Monthly Charge (12 mo.):		Total Monthly Charge (12+ mo.):	
Setup:		Notes:	

TERMS

New Customer Signature _____ Date _____

Sales Rep _____