

Frank Howard TV Cable Inc.

Application for Basic Cable Television

New _____ Reconnect _____

Account Number: _____ Date: _____

Name of Applicant: _____
First Middle Last

Mailing Address: _____

City: _____, State: _____ Zip: _____

Housing Location: _____

Telephone Home, Business: _____

Social Security Number: _____

Spouse: _____
First Middle Last

Spouse Social Security Number: _____

Place Of Employment: _____

Land Lord: _____

Own _____ Rent _____ Lease _____ Other _____

Number of television sets: _____

Monthly Service Charge: _____

Hook-Up Fee: _____

Other Charges: _____ Total: _____

Signature: _____

Application Taken By: _____