



Date Order Called In: _____

Date Installed: _____

POSEN

CUSTOMER INFO & ORDER FORM

_____ First Name _____ Last Name

_____ Street Number _____ Street Name _____ City _____ MI State _____ Zip Code

_____ Residence Phone _____ Business Phone _____ Driver's License Number

Directions To Home: _____

Billing Address, If Different Than Above:

My Primary Email Address: _____

Services Ordered: **Year Round Service:** _____ **Seasonal Service:** _____

Basic Cable: _____ HBO _____ CINEMAX _____

Regular Monthly Costs:

Cable _____ Premium Channel _____ Total Costs: _____

Customer Acceptance Signature: _____ Date: _____

** No multi-year contract required – Disconnect fee applies for 12 months after service is established. **