

Supervisions Cable TV / High Speed Internet Service Application

Applicant: _____ **SS#:** _____
Co-Applicant: _____ **SS#:** _____
Billing Address: _____ **Phone #:** _____

Employer: _____ **Employer:** _____
Service Location: _____

- | | | | | |
|--|-----|-------|----|-------|
| 1. Are you a current Supervision Cable TV (SCTV) subscriber?
<i>If not, you must also complete the cable service application.</i> | YES | _____ | NO | _____ |
| 2. Do you have a working ethernet card installed in your computer?
<i>If not, you may purchase one from SCTV for \$20.</i> | YES | _____ | NO | _____ |
| 2. Are you a member of the Tanana Tribal Council? | YES | _____ | NO | _____ |

Charges for Non-members of Tanana Tribal Council:

First Month's Service	\$45
Estimated Installation Costs	\$30
Total due before installation:	\$75

Additional charges incurred at time of installation, beyond the \$30 estimate (minimum 1/2 hour labor plus all materials), will be billed on your first statement.

Note 1: Application is for one internet site only. Any additional internet locations in your home must be requested under a separate application.

Note 2: Internet access is billed one month in advance of service. Your first statement will include all prorated costs associated with the advanced billing.

Guaranty

I, _____, a resident of Tanana, in the State of Alaska, absolutely guarantee payment of \$300 to "SUPERVISIONS CABLE TV", Obligee, if the cable modem provided for internet service is not returned upon termination of service or is not working properly due to customer neglect.

SCTV has provided me with a copy of the "Supervision Cable TV High Speed Internet Access Service Agreement" ('Agreement').

I have read the Agreement and agree to the terms set forth in the Agreement.

Dated this _____ day of _____, _____ . _____
Applicant's Signature

Each Internet Access Account is eligible for 1 free e-mail account. Additional accounts may be purchased for \$5 per month. Please complete the following for your free e-mail account:

Username preferred: _____
 Password: _____

Note: Username and Password should be at least 4 characters each

This section for SCTV internal use only

Modem Serial No: _____
 Mac Address: _____
 I.P. Address: _____

Please mail a check or money order for the first month's service, a copy of your current picture ID, the signed application and the signed agreement to:

Supervisions Cable TV
P.O. Box 2100
Wasilla, Alaska 99687

*** The application will not be processed without a copy of the applicants current drivers license. ***
 If you have any questions in regard to this application or SCTV's cable service please call 366-7110.