

**SIREN COMMUNICATIONS  
DELUXE TV APPLICATION**

7723 Main, P.O. Box 506  
Siren, WI 54872  
715-349-2224 Fax #349-2576

Date \_\_\_\_\_

**SERVICE NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**MAILING ADDRESS** \_\_\_\_\_  
**CITY** \_\_\_\_\_ **State** \_\_\_\_\_  
**ZIP** \_\_\_\_\_  
**CONTACT NAME** \_\_\_\_\_  
**LOCAL PHONE #** \_\_\_\_\_  
**WORK#** \_\_\_\_\_ **CELL#** \_\_\_\_\_  
**SSN#** \_\_\_\_\_

<u>MONTHLY SERVICE CHARGE</u>	<u>INSTALLATION TOTAL</u>
<input type="checkbox"/> <u>DELUXE CABLE TV</u>	<u>\$59.95</u>
<input type="checkbox"/> <u>Variety Tier</u>	<u>\$9.99</u>
<input type="checkbox"/> <u>HD Basic</u>	<u>\$2.99</u>
<input type="checkbox"/> <u>HD Tier</u>	<u>\$5.99</u>
<input type="checkbox"/> <u>Set Top Monthly Fee Each Additonal</u>	<u>\$4.95</u>
<input type="checkbox"/> <u>Modem Maintenance Fee Per Month</u>	<u>\$4.75</u>
<input type="checkbox"/> <u>Showtime / TMC</u>	<u>\$15.99</u>
<input type="checkbox"/> <u>Starz / Encore</u>	<u>\$15.99</u>
<input type="checkbox"/> <u>HBO</u>	<u>\$15.99</u>
<input type="checkbox"/> <u>Cinemax</u>	<u>\$7.00</u>

\* Up Front Installation Cost Includes- First Month Service Plus \$50.00 Trip Charge \$109.95

**DELUXE TV SERVICE CONTRACT**

I, the undersigned, am requesting a Siren Communications Deluxe TV Account. By signing the agreement, I agree to the term and conditions detailed in the policies by Siren Communications. There is a monthly modem maintenance fee of \$4.75, which covers the diagnosis, repair and/or replacement of the modem/set-top box. Upon termination of Deluxe TV service the set top box and remote must be returned to the Siren Communications business office or a \$160.00 plus tax charge will be assessed. Siren Communication has a 12 month minimum connection of Deluxe TV Service.  
Deluxe TV customer will be assessed a monthly charge on their telephone statement. Deluxe TV service is billed one month in advance.

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Signature Date