



SERVICES

TV Internet Phone Other _____

Activation Fee = \$40 Date Requested: (Mon.-Fri.) _____ / _____

PAYMENT OPTIONS: (Check One)

Credit Card - Auto Pay (Deducted on 15th of each month)

Visa / MC Card # _____ EXP _____ / _____

*** Do not email private information, such as SSN or Drivers License. Please call this information into our office at (650) 616-3100**

Checking Account Auto Pay (Attach voided check - deducted on 15th of each month)

On-Line www.SBCityNet.com Mail / Office drop-off Phone (Credit Card)

(Circle Choice) e-bill? Y / N Free VOD Y / N PPV / VOD ordering? Y / N

Email Address _____

Please Print

Name _____ Home/Cell (_____) _____

Service Address _____ San Bruno, CA

I own this property I rent or lease this property (Owner's install permission)

Mailing Address (only if different than service address)

Street Address _____

City/State/Zip _____

License / ID # _____ State of Issue _____ Date of Birth ____/____/____

Social Security # _____ - _____ - _____ Alternate Phone (_____) _____

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Other Person Authorized to Make Account Changes _____

To discontinue service, all equipment must be returned to avoid any equipment and/or service charges. Non-payment of service fees will result in disconnection of all services.

Signature _____ Today's Date _____

Office Use Only - Account # _____ Account Notes _____

Equipment List _____