



P.O. Box 1000
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Charles Russell Sr.
 President

Vernon James
 General Manager

www.scatcom.net

CUSTOMER INFORMATION

Please Print Clearly

Residence FULL NAME: _____
First Middle Initial Last

SOCIAL SECURITY #: _____

Business BUSINESS: _____

MANAGER/DIRECTOR NAME: _____ TITLE: _____

MAILING ADDRESS: _____ TELEPHONE NUMBER: (928) 475-_____
Main Billing Number

CITY: _____ STATE/ZIP: _____

SERVICE/PHYSICAL ADDRESS: _____ HOUSE #: _____

PREVIOUS CUSTOMER: YES NO SAME LOCATION: YES NO

WHEN DID YOU LAST HAVE SERVICE: _____ PREVIOUS CUSTOMER NAME: _____

IS THE COAX CABLE STILL IN PLACE: YES NO OUTLETS IN PLACE: YES NO HOW MANY: _____

CABLE TV Monthly Charges

Basic Cable Service Monthly Charges

Optional Premium Channels

- | | |
|---|--|
| <input type="checkbox"/> \$ 28.00 San Carlos | <input type="checkbox"/> \$ 10.00 HBO (San Carlos/Bylas) |
| <input type="checkbox"/> \$ 24.00 Bylas | <input type="checkbox"/> \$ 8.00 SHOWTIME (San Carlos/Bylas) |
| <input type="checkbox"/> \$ 13.75 Skill Center | <input type="checkbox"/> \$ 8.00 MOVIE CHANNEL (San Carlos, Bylas, Skill Center) |
| <input type="checkbox"/> \$ 0.10 Mandatory Regulatory Copyright Fee | <input type="checkbox"/> \$ 10.95 SHOWTIME/MOVIE CHANNEL (San Carlos/Bylas) |
| <input type="checkbox"/> \$ 1.00 Wire Maintenance | |
| <input type="checkbox"/> \$ 3.00 Remote Rental | |
| <input type="checkbox"/> 2.5% Tribal Tax | |

Other Charges and Services

- | | |
|---|---|
| <input type="checkbox"/> \$ 15.00 Installation Charge | <input type="checkbox"/> \$ 15.00 Transfer Charge |
| <input type="checkbox"/> \$ 15.00 Additional Outlets/Each | <input type="checkbox"/> \$ 15.00 Change of Service |
| <input type="checkbox"/> \$ 15.00 VCR Hook Up | <input type="checkbox"/> \$ 15.75 Trip Charge |
| <input type="checkbox"/> \$ 24.00 Reconnect Charge | <input type="checkbox"/> \$ 4.00 Service Order Charge |

All service charges are pro-rated for billing. Any changes made to your account will be assessed a \$4.00 Service Order Charge.
 Payment must be received by the 10th of every month.

NOTES: _____

_____ Customer Signature/Authorized Signature	_____ Date		
_____ SCATUI Representative	_____ Date	_____ Keyed Date	_____ CSR
		_____ Set Up Date	_____ CSR