



1106 13th Street
PO Box 309
Viola IL 61486

Phone: (309) 596-2222
Fax: (309) 596-2079
E-Mail: ar@violatel.com

**** Business ****

Name (Please Print): _____

Address: _____

City: _____ State: _____ Zip: _____

Billing address if different: _____

Telephone Number: (____) _____ Cell Phone: (____) _____

Email address- _____

A service deposit is required for all new residential customers. Call our office for details.

\$100.00 business installation fee applies to all packages

Service deposit and installation fee must be paid in advance

PACKAGES: Check all services for which you are applying.

- | | | |
|--------------------------|---------------------------|---|
| | Downstream/Upstream | |
| <input type="checkbox"/> | PLATINUM | -up to 250MB/ 250MB- \$59.95/month |
| <input type="checkbox"/> | DIAMOND | -up to 500MB/500MB- \$74.95/month |
| <input type="checkbox"/> | 1 GIG | -up to 1 Gig/ 1 Gig- \$84.95/month |
| <input type="checkbox"/> | Router purchase available | _____ |
| <input type="checkbox"/> | Maintenance pkg. | \$3.50/month <input type="checkbox"/> Accept <input type="checkbox"/> Decline |

Maintenance pkg. includes replacing of ONT (Optical Network Terminal) and wiring from lightning or any natural cause

Prices and availability are subject to change without notice.

You will be billed monthly for services provided by Viola Communications, Inc.

These are all acceptable forms of payment.

* Check or Cash *Credit Card *EFT (Electric Funds Transfer)

* PayPal from our website www.violatel.com

NOTE: Applicant must be at least 18 years of age to apply for service. Your signature indicates acceptance of the "VIOLA TERMS AND CONDITIONS" (attached). Customer agrees to pay for Fiber service for a **minimum of six (6) months**. If Customer terminates service within the first six (6) months, the Customer must continue to pay the monthly service fee for the remainder of the initial 6-month term. Please refer to Item 3 on the TERMS AND CONDITIONS.

Customer Signature _____ **Date** _____

_____(Initial) Upon termination of service I will return equipment to the Viola Home Telephone office or will make arrangements to have it picked up by the service technicians.

_____(Initial) I have read and agree to the Viola Communications Inc.'s Acceptable Use Policy

Please return to: VIOLA COMMUNICATONS, INC.