

Account Number	
(Office Use Only)	

SERVICE REQUEST FORM Applicant Information

Full Name	Middle Initial	Last	Mai	den		
Service Address	Service Address Street Address		Apt/Unit #			
				Phone		
City						
Billing Address (if differe	ent from service add	Iress)				
Driver's License		_ State Issued		Expiration Date		
Social Security Number				Date of Birth		
I hereby authorize Verno	on Communications	Cooperative to	o check my c	redit historyYes NO		
I have read and agree to been providedYe		onditions of th	e Broadband	l Installation Agreement that has		
Signature		Date	<u> </u>			
		Account Ac	ccess			
Spouse			Phone			
Authorized User			Phone			
4 Digit PIN to access you	ur account (and pay	by phone 1-84	4-827-4766)			
	PIN/CPNI P	Password Re	trieval Que	estions		
In what city were you bo	orn?					
What High School did yo	ou attend?					
CPNI Password						

CPNI Includes where, when and to whom a customer places a call, as well as the types of phone service offerings to which the customer subscribes and the extent to which the servces are used.

An authorized user or spouse is the only person authorized to access this account either in person or by phone and will be able to request information and/or make changes to the account the same as the primary account holder.



SERVICE REQUEST FORM

1 GIG

Leased Router

Own Router

High Speed Symmetrical Internet (One - time Activation fee of \$50.00)

500 MEG

100 MEG

50 MEG

<i>\$54.95</i>	\$84.95 \$	299.99	Call for pricing					
IPTV Televisi	on (One-time \$5	50.00 Activation I	Fee) Number of Se	t-Top-Boxes	Number	of TV's		
VC Stream (N	Need Amazon F	ire TV Stick, Ro	ku or Apple TV De	vice)				
Local Sele	ct Basic	Expanded	250 GBDVR	500 GB DVR				
HBO Sho	wtime Cin	emax Starz	2					
Telephone (One-tir		• •	ctory Listing					
Port Numbe	er (\$24.00 Con	nect Fee) Numb	er to be Ported _		-			
Features:								
Caller ID C	all Waiting	Ca	II Waiting for Calle	er ID	_Voice Mail	<u> </u>		
			ng Voice N					
Long Distance:	<u> </u>	,	<u> </u>					
.10/1	Min	120 Minutes (\$6.00/ma\	500 Minute	ac (\$10 05/r	mal		
			30.00/1110/	500 141111416	:3 (719.93/1	110)		
1000 Mi (Calls to Alaska, Hawaii, US T	•	•	luded Rates are for one line	e Additional lines are	the same nrice no	er line)		
Battery Back-up Po			raded. Nates are for one line	e. Additional lines die	the same price pe	i mej.		
8 Hour Battery Batt	•	•	talled at no charg	e) Acc	ept D	ecline		
24 Hour Battery Ba	ck-up (Availabi	e for purchase o	at \$350.00 installe	ed) Acc	:ept	Decline		
Payment Informati By choosing an option, Cooperative (VC Co-op, has the right to cancel three or more business	your are authoriz bill on the 10th ouse of the automo	of every month or to atic bill payment. If	he next business day i you wish to cancel at	if the 10th falls on	a weekend or	r holiday. VC Co-c		
Please choose one opt	ion and receive a	one-time credit of	\$5.00:					
Checking			ncial Institution					
Name of Account Hold								
Kouting Number	uting Number Complete Account Number							
Sign up for Ebill and re								

You will be enrolled with SmartHub and receive an email with a temporary password to log into your account. You will be directed to update your password. You will be able to view your bill, make payments and set up EFT plus much more. The first bill will include connect fee(s) and is

prorated from the connect date to the end of that month AND the entire next month as we always bill one month in advance.