



SUBSCRIBER SIGN UP SHEET

FORM MUST BE FILLED OUT IN ITS ENTIRETY

NAME _____

DATE _____

SOCIAL SECURITY # _____

BILLING ADDRESS (IF DIFFERENT)

ADDRESS _____

CITY _____ ST TX ZIP _____

CITY _____ ST TX ZIP _____

COUNTY _____

TELEPHONE NUMBER HOME: (325) - _____ WORK: (325) - _____

PLEASE INDICATE IF YOU WANT THE FOLLOWING MONTHLY PAY CHANNELS:

HBO (\$12.95)

YES () NO ()

SHOWTIME (\$10.95)

YES () NO ()

PLEASE PROVIDE INSTRUCTIONS ON HOW TO LOCATE YOUR HOUSE FROM SAN ANGELO.



(325) 655-5795 PH (325) 658-2762 FAX
P.O. BOX 5248
SAN ANGELO, TX 76902