Application for Service - Rio

309-483-3111 www.oneidatel.com 129 W Highway 34, PO Box 445, Oneida, IL 61467



Customer Info	rmation	
Applicant Name		SS#
Email	Cell	
o-Applicant Name	<u></u>	SS#
Email	Cell	Date of Birth
ervice Address		
Billing Address		
Do you want to be I	isted in the directory? 🗆 Yes 🗆 No	Directory Listing
Applicant Employe	r	Years Phone Number
o-Applicant Empl	oyer	Years Phone Number
What school did yo	u graduate from?	Ethnic Group
Do you have any dis	sabilities that may inhibit access to	service offerings? ☐ Yes ☐ No
ist Disabilities		
Closest Living Relative		Phone Number
	No Data Caps on Any Inte	ernet Products!
	· Up to 20Mpbs down/3Mbps Up	· Up to 15Mpbs down/IMbps Up
	<u>Upgrades & .</u>	Add-Ons
	Managed W	iFi Router\$3.50
Get a \$10,	mo discount when you take	e Internet & Phone with long distance services
Office Use		
hone Number		Installation Required
nstallation Date		Account Number
nstallation Fee		Blade Port Fiber

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acclaim

┚	Acclaim Lite	\$56 00
┚	Acclaim Choice	\$ 40 00
	Acclaim Choice & Choice+	\$45 00
		\$2,000

Acclaim Lite, Choice & Choice+



\$146°° П **Absolute Prime**

Absolute Prime +

Acclaim Lite & Choice

All packages include 3 Simultaneous Streams & Restart TV

Acclaim & Absolute Upgrades & Add-Ons

Premium Channels

Fielinani Chamieis				
□ HBO\$20.00				
□ Starz\$13.00				
☐ StarzEncore\$8.00				
☐ Cinemax\$14.00				
☐ Showtime\$11.00				
□ MGM+\$7.00				
☐ Sports Package w/Prime\$9.00				
☐ Sports Package w/Prime+\$7.00				
Features & Add-Ons				
☐ Cloud DVR\$5.00				
☐ EPIC Slate Set-Top Box-\$8.00/ea Qty				
Simultaneous Streams				
☐ Up to 5 Streams\$3.00				
☐ Up to 7 Streams\$5.00				

☐ Up to 10 Streams.....\$7.00

□ Up to 12 Streams.....\$9.00

Acclaim & Absolute Cable TV services available through Oneida Network Services (ONS). ONS Internet required to receive services. Acclaim can be watched via Roku, Apple TV, Amazon Firestick, Android tablets, iPad, and web browsers. The EPIC Slate Set Top Box is also available for a monthly fee. See www.oneidatel.com/television or call for details.

\$156°°

*96⁰⁰

\$101⁰⁰



Residential \$2350 Phone

Get a \$10/mo discount when you take Internet & Phone with long distance services



Oneida Telephone Exchange

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Application for Service

Complete all sections which apply

Cramming

Due to some FCC rules now in effect, we are required to provide you this notice. Oneida Network Services Inc has made preparations to protect our customers from an illegal form of billing called "cramming". Some unscrupulous "third party billers" have tried to use this opportunity to collect money from people without their permission. Most third party billers are helpful, but it only takes a few bad apples to cause a problem.

FCC rules went into effect which do at least two things: 1) Allow you to block third party billers and 2) Allow us to separate out third party billers from our regular services. This makes them easier to spot.

We have not seen this to be a big problem in our area, but we need to follow the notification rules. We do recommend that you review your bill always and contact us with any questions.

Electronic Banking (ACH)					
With our Direct Payment Program , you will not have to write another check to pay for your monthly communications bill. When you enroll, we will automatically deduct the 'TOTAL AMOUNT DUE' (found on your bill) from your checking account on the 22nd of each month. You will continue to receive your monthly bill for review, but it will reflect 'Direct Payment Program' authorization.					
☐ I wish to use Electronic Banking					
I (we) hereby authorize Oneida Network Services Inc, hereinafter called COMPANY, to initiate debit entries to my (our) checking account indicated below, at the depository name below, hereinafter called DEPOSITORY, to debit same to such account from my checking account on the twenty-second (22nd) of each month.					
This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me of its termination and/or bank account is discontinued, in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. The notification to the COMPANY should reach them prior to the 18th of the month with termination to affect the next month's billing. I understand that adequate account balances must be maintained by me for the ACH debit on the 22nd. If not, a fee will be charged to my telephone account and the resulting non-payment could lead to disconnection of service.					
For verification purposes, a voided check must accompany this agreem	ent.				
Name on Account	Bank Name				
Transit/ABA Number (banking)	City, State, Zip				
Account Number					
Signature					
Authorized Contact Information					
Keeping your information private is important to us. In keeping with the Customer Proprietary Network Information (CPNI) rules, we are asking that you provide the information below, so that we can confirm with whom we are speaking when you contact us by phone. Additionally, you may add other 'authorized' users to your account. They can be anyone that you wish, or those that need to have access, to make changes to your account with us. 1					
What is your mother's maiden name? Your Favo	rite Color? Requested Password?				
Signature					
<u> </u>					
Customer Compliance Agreement & Authorization					
By establishing account with Oneida Network Services Inc Technology or using any software provided, developed, licensed or owned by Oneida Network Services Inc, I agree to be bound by this Agreement and to use the Services in compliance with this agreement and other Oneida Network Services Inc's policies posted from time to time on Oneida Network Services Inc's website at www.oneidatel.com.					
I understand that all charges are listed on this application are monthly and do not include taxes and regulatory fees.					
I authorize Oneida Network Services Inc Technologies to install all appropriate equipment for the services I have requested. I understand that all policies and procedures can be found on Oneida Network Services Inc's website or given upon request. All adults are required to sign this application.					
I agree to pay for the Broadband Service and/or Digital TV Service for a minimum of six (6) months. If I terminate service within the six (6) months, I must continue to pay the monthly service fee for the remainder of the initial six (6) month term.					
Customer Signature	Date				

Customer Signature	_ Date
Customer Signature	_ Date

