



NEW SERVICE INSTALLATION FORM – RESIDENTIAL/BUSINESS

Account # _____
 Date _____ Contact Number _____
 Cell Number _____ Email Address _____
 Full Legal Name/Business Name _____
 Date Of Birth _____ SS#/Tax ID # _____ Drivers License# _____
 Billing Address _____
 Billing City _____ Billing State _____ Billing Zip _____
 911 Service Address _____
 Service City _____ Service State _____ Service Zip _____
 County (select one) Mecklenburg, Brunswick, Lunenburg, Nottoway, Amelia
 RESIDENCE: 1 STORY _____ 2 STORY _____ ROOF PITCH _____
 Own _____ **Rent _____
 **If Renting: Landlord Name & Phone Number _____
 Landlord Address _____
 Spouse (Other Name On Account) _____
 Spouse Contact # _____ SS# _____ Spouse Drivers License# _____
 Have You or Your Spouse Had Service with Us Before? _____ Previous # _____
 Employer: _____ Work # _____
 Next of Kin (Not Living with You) _____ Contact # _____

Select a Data Plan: 10GB/mo @ \$34.95 ___ 60GB/mo @ \$69.95 ___ 150GB/mo @ \$94.95 ___
 250GB/mo @ \$189.95 ___ Unlimited Twilight Bytes 12:00 AM – 5:00 AM \$4.99 ___
 Installation/Activation Fee @ \$99.00 Deposit \$50.00 * Data Plan Speeds are "Speeds up to 1-15Mbps" *
**** There is a \$5.99 Monthly Equipment Lease Fee on the Wildfire Internet Equipment ****
 (optional) Portable Device: 6GB @ \$15.95/mo ___ 10GB @ \$25.95/mo ___ 20GB @ \$40.95/mo ___
 *Customers are required to subscribe to 1 of the packages above to be eligible for Portable Service

PAYMENT OPTIONS: eBill* _____ Automatic Draft* _____ Auto Credit Card Draft* _____ Mail _____
 * There is a \$2.00 monthly paper statement fee. If you wish to receive a paper statement in the mail, check MAIL.
 * Signing up for eBilling or AutoDraft will waive the \$2.00 paper statement fee
 * See Page 3 for Automatic Draft Forms

***If requesting eBilling, Please complete the following:**
 Username: _____
 Password: _____
 Email: _____

Wireless Capability (Do you have your own router) _____ # of computers/devices needing connection _____

What do you mainly use the internet for? Email _____ General Surfing _____ Video Streaming _____ Gaming _____

Additional Equipment Needed? Wireless Router \$34.99 _____ Surge Protector \$14.99 _____

Hourly Labor Charge for **NON-STANDARD Installation of Additional Equipment: \$75.00*

BIT Email Addresses (Optional, a bitbroadband email address is not required. First 4 free)

Password: (Minimum 8 characters, containing at least 1 number)

Email: _____ @bitbroadband.com Password _____

Email: _____ @bitbroadband.com Password _____

Email: _____ @bitbroadband.com Password _____

Email: _____ @bitbroadband.com Password _____

Please choose a secure CPNI Password: _____

**Between 5-10 characters in length; numbers, letters or a combinations of both. No spaces or symbols. This password cannot be historical information such as Social Security Number or address. The FCC is trying to minimize the possibility of false identification, therefore, do not use anything that someone else would be able to access.*

Please choose ONE (1) Security Verification Question and provide answer:

1. What City were you born in? _____
2. What is your favorite color? _____
3. What is the Make or Model of your first car? _____
4. What was the name of your first pet? _____
5. What was the name of the High School you attended? _____

Please list up to FOUR (4) authorized contacts you would like to add to your account. These authorized contacts will be allowed to make inquiries or changes to your account as long as they know the secure password and answer to the account verification question or are able to provide valid photo identification.

1. _____ 2. _____

3. _____ 4. _____

I understand if at any time I change my data plan to a promotional package, a term of one year will apply.

1. BIT Customer Agreement (Terms and Conditions)

2. Acceptable Use Policy

3. Subscriber Privacy Notice and CPNI Information

Customer Signature: _____ Date _____

BIT Representative: _____

Reference/Referral Code _____

AUTHORIZATION AGREEMENT FOR DIRECT BANK DRAFT

***** PLEASE ATTACH A VOIDED CHECK *****

Name _____ Telephone Number _____

I/We hereby authorize **BUGGS ISLAND TELEPHONE COOPERATIVE** to draft (debit) my/our:
 [select one] Checking Savings Credit Card as indicated below.

Bank Name _____ Branch _____

City _____ State _____

Bank Account # _____ Routing # _____

* Automatic Draft from Checking/Savings occurs on the 25th of every month

- OR -

Card Type: MasterCard Visa Discover American Express

Card Number:

Exp Date: /

*Automatic Debit for Credit Cards will occur on the 10th or 25th of every month. Please choose 1 option below:

Please deduct my monthly BIT Payment from the above credit card on the 10th 25th

This authorization is to remain in effect until Buggs Island Telephone Cooperative has received written notice of termination and has been provided a reasonable opportunity to take necessary action.

Signed _____

Signed (if Joint) _____

Date _____

Date _____

FOR BIT USE:

Customer Name _____ AZI: _____

Indoor Unit: _____ Outdoor Unit: _____ Portable Device: _____ Wireless Router: _____

Indoor/Outdoor Unit:

CPE/UE Manufacturer: _____ CPE/UE Model #: _____

MAC Address: _____ Serial #: _____

IMEI #: _____ SIM Card ICCID: _____

Wi-Fi Key: _____ Data Subscribed To _____

Portable Device:

CPE/UE Manufacturer: _____ CPE/UE Model #: _____

MAC Address: _____ Serial #: _____

IMEI #: _____ SIM Card ICCID: _____

Wi-Fi Key: _____ Data Subscribed To _____



It is very important that you carefully review and understand the customer agreements and disclaimers together with all of the terms and conditions of the agreement between you and BIT Communications. The documents can be viewed on our website at www.bitbroadband.com. By signing this form you acknowledge that you have reviewed and consent to all of the Agreements listed below. If you have questions, please call us at 434-636-2274 or 1-888-92GOBIT.

BIT may modify the Agreements listed below at any time. All modifications will be posted on our website at www.bitbroadband.com or added as a bill message on your monthly billing statement. BIT urges you to review the Agreements periodically as posted on www.bitbroadband.com to ensure you are aware of any updates and amendments to these terms and conditions.

1. BIT Customer Agreement (Terms and Conditions)
2. Acceptable Use Policy
3. Subscriber Privacy Notice and CPNI Information

Customer Signature _____ Date _____

BIT Representative _____ Date _____