



# High-Speed Internet Access Service Agreement

## Account Information

NAME \_\_\_\_\_ Social Security or Driver's License # \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Physical Shipping Address \_\_\_\_\_  
(If different from billing address) (Street Address) (City) (State) (Zip)

CONTACT NUMBERS \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Home/Office/Other) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Cell)

## Service Selection and Current Rate Schedule

### SELECTED SERVICE PLAN (Monthly Charge)

- Value Pak - \$39.95 (Speeds up to 512 kbps download / 256 kbps upload)
- Select Pak - \$59.95 (Speeds up to 1.0 Mbps download / 512 kbps upload)
- Pro Pak - \$69.95 (Speeds up to 3.0 Mbps download / 768 kbps upload)

### OPTIONAL SERVICES (Monthly Charge)

- SecureIT Plus - \$4.95

### OPTIONAL EQUIPMENT (One-Time Charge)

- Wireless Router (b/g/n)

*Contact Business Office for current pricing.*

Static IP Required?  Yes  No

### INSTALLATION CHARGE - \$299.00

- One Time Payment
- 3-Month Payment Plan

STANDARD INSTALLATION is applicable to fascia and flat wall mounts only, and includes all equipment plus 75 feet Ethernet cable through one (1) outside wall and one (1) inside wall. Additional charges will apply for an installation determined to be a non-standard by the installer.

NON-STANDARD INSTALLATION consists of concealed wiring involving attic entry, crawl space, fishing interior walls, and wire runs exceeding 75 feet. Customer will be billed at \$70.00 per hour plus the cost of any non-standard materials.

E-Mail Identification \_\_\_\_\_ @ hctc.net (3-12 characters)  
Only alphanumeric characters (A-Z, 0-9) may be used with a minimum of one alphabet (lower case only).

Password: \_\_\_\_\_ (8-15 characters)  
Must contain ONE capital letter, ONE number and ONE special character.

NOTE: All radio equipment remains property of HCTC and will be removed upon termination of service.

(30-day money back guarantee)

Customer Name (please print) \_\_\_\_\_

Customer Signature \_\_\_\_\_

### (FOR OFFICE USE ONLY)

DATE \_\_\_ / \_\_\_ / \_\_\_\_\_ SERVICE ORDER # \_\_\_\_\_ BILLING NUMBER \_\_\_\_\_

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