

DSL provided by
Reasnor Telephone Company

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Telephone _____ Fax Telephone _____

Billing address if different _____

Credit Card Number _____ exp date _____ CRV _____
CRV= (last 3 digits of back of credit card)

Preferred Username or email address _____ (15 Characters Max)

Mother's Maiden Name: _____ (Needed for password security)

Local DSL Access \$ 45.00/month

System Type: (Choose one)

Mac _____

Windows Seven _____

Windows Eight _____

\$ 15 Administrative set-up fee.

Prices and Availability subject to change without notice.

Customer agrees to one year contract.

Customer Signature _____ Date _____

Please return this completed form to: Reasnor Telephone Co

PO Box 305

Sully, IA 50251