

DSL provided by  
Lynnville 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: System(Choose one)  
MAC \_\_\_\_\_  
Window Seven \_\_\_\_\_  
Window 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: Lynnville Telephone Co  
PO Box 306  
Sully, IA 50251

One year commitment required