



APPLICATION FOR SERVICE
PLEASE PRINT

NAME OF APPLICANT: _____

SOCIAL SECURITY NUMBER: _____

CURRENT ADDRESS: _____

MAILING ADDRESS: _____

PREVIOUS ADDRESS: _____

HAVE YOU HAD OUR SERVICE BEFORE? _____

GIVE TWO ADDITIONAL CREDIT REFERENCES:

1) _____

2) _____

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

EMPLOYER PHONE: _____

I/WE AUTHORIZE PALO COMMUNICATIONS TO DO A CREDIT CHECK AND A BLANCE HISTORY. IT SHOULD BE UNDERSTOOD THAT AFTER CHECKING YOUR CREDIT, YOU MAY BE REQUIRED TO PAY AN ADDITIONAL DEPOSIT OVER THE MINIMUM. THE AMOUNT OF THE DEPOSIT WILL BE DETERMINED ACCORDING TO YOUR CREDIT STANDING. IF YOU ARE REQUIRED TO PAY AN ADDITIONAL DEPOSIT, YOU WILL BE NOTIFIED OF THIS AND AFTER PAYMENT IS MADE; YOUR SERVICES WILL BE INSTALLED. ANY DEPOSIT HELD BY PALO COMMUNICATIONS WILL BE REFUNDED AS A CREDIT ON YOUR SERVICE BILL.

SIGNED: _____ DATE: _____