



AFC

ALBANY FIBER COMMUNICATIONS

Powered by Albany Mutual Telephone

New Customer Application

(Digital TV, High Speed Internet, and Phone forms are separate)

Date: _____

Customer Information

Name: _____ Phone: _____

911 Address: _____ City: _____ State: _____ Zip: _____

Township: _____ County: _____ Email Address: _____

Billing Address (if different): _____

Type of Dwelling: Business ☐ Residence ☐ Mobile Home: Yes ☐ No ☐

If this is a new structure, please provide directions to the location: _____

Name of party who last lived at this location: _____

Nearest neighbor who has our service: _____

Have you been our customer before? Yes ☐ No ☐

If yes, Date: _____ Previous Telephone number: _____

Credit Information

Date of Birth: _____ Social Security #: _____ Single/Married: _____

Place of Employment: _____

May we contact you at your place of employment? Yes ☐ No ☐

If yes, telephone number: _____

Spouses Name (if applicable): _____ Spouses Social Security #: _____

Spouse's Place of Employment: _____

Name of Residents over 18 at this location _____

Nearest Relative and telephone number _____

Are you renting this property? Yes ☐ No ☐

Previous/current telephone service provider: _____ Your Telephone Number _____

Date Disconnected: _____

May we contact you at your place of employment? Yes ☐ No ☐

If yes, telephone number: _____

Please continue on other side.

To Begin Service

- * Provide us with a copy of your valid driver's license.
- * Please fill out the additional Service Application form. (www.AFComm.net)
- * A Deposit may be required depending upon creditworthiness. (You will be notified if this is required.)
- * Installation charges will be added on to your first months' bill. (Phone: \$50.00, TV or Internet: \$100.00, 2-3 services: \$150.00, Managed Wi-Fi: \$50.00 - Free if done with initial install.) **Exceptions may apply.**
- * If Plowing is required, charges are \$100 for the first 300 feet and \$.34/foot over 300 feet.
- * Telephone bills are due on the 25th of each month, services are subject to disconnect if payment is not made by the 25th of each month.
- * I acknowledge that the above information is accurate to the best of my knowledge. Additionally, I understand if found otherwise, service may be disconnected immediately.

Signature of person responsible for paying the bill

Contact Phone Number

PLEASE RETURN COMPLETED FORM TO:

Albany Fiber Communications drop off or by mail at 131 6th Street Albany, MN 56307, email to customersupport@albanytel.net or by fax to 320.845.7000. If you have any questions, please do not hesitate to call 320.845.2101 or visit www.AFComm.net

Office Use Only

NUMBER ASSIGNED _____

DATE SERVICE WILL BEGIN _____

Scheduled Install Date: _____