



New Customer Application (Business)

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

Please complete necessary fields and return to Albany Fiber Communications by mail at 131 6th Street Albany, MN 56307 or by fax to 320.845.7000. If you have any questions, please do not hesitate to call 320.845.2101 or visit www.albanytel.com

Date: _____

Customer Information

Business Name (Directory Listing): _____ Date: _____

911 Address: _____ Township: _____

Billing Address (if different) _____ County _____

Email Address: _____

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

Credit Information

Business Owner's Name _____ Contact Number _____

Date of Birth _____ Driver's License # _____

Federal Tax ID #: _____ or SSN# _____

Are you renting this property? Yes ___ No ___

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

Date Disconnected: _____

Have you been our customer before? Yes ___ No ___

If yes, Date: _____ Previous Telephone number: _____

Line Information

Number of lines needed _____

Do you need a separate line for a credit card machine? Yes ___ No ___

Do you need a separate line for a fax machine? Yes ___ No ___

Do you need a quote for an in-office phone system? Yes ___ No ___

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.albanytel.com)
- * 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 WiFi: \$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 to: Albany Fiber Communications 131 6th Street Albany, MN 56307

Office Use Only

NUMBER ASSIGNED _____ DATE SERVICE WILL BEGIN _____

Scheduled Install Date: _____