

DSL provided by  
Killduff 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 \_\_\_\_\_

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: Killduff Telephone Co

PO Box 306

Sully, IA 50251

One year commitment required