



RETAILER APPLICATION FOR BUSINESS SERVICE

Retailer: _____ Date: _____

Service Address: _____

Device: _____ Turn-Up Date: _____ Phone: _____

Business Name: _____

SERVICES REQUESTED

_____ Internet 100Mbps	_____ Premium Svc (<i>After-hours outage response</i>)
_____ Internet Gig	_____ Point-to-Point Vlan 100Mbps
_____ Additional Port Gig	_____ Point-to-Point Vlan Gig
_____ Addition Port 100Mbps	_____ Colocation Services: (<i>Choose location below</i>)

Mt. View (1) _____ Kamilche (2) _____ Belfair (3) _____ Cota (4) _____

NOTE: CAT5 cabling is required for internet/data service. Consult with your Retailer Service Provider for ALL inside wiring. Connection Charge and Monthly Charge is Retailer Dependent.

Retail Service Provider Signature: _____ Date: _____

By signing and submitting this form, you are agreeing to obtain this service upon availability and will be responsible for all applicable charges. All conditions of service are subject to PUD 3's service policies. Please return to: Mason County PUD 3, PO Box 2148, Shelton, WA 98584, telecomsupport@masonpud3.org, or fax to 360.426.6320

PUD Use Only

APP/CONN: _____ RT: _____ VLAN: _____

UPSTRM: _____ LID: _____ IP: _____

DEVICE TYPE: _____ CHG OUT REQ: Y N DATE: _____