



TELEVISION

Do you currently pay for TV? Yes No

Current Provider? _____ Number of Receivers (TVs connected): _____

Do you have: HDTV DVR Both

How much is the monthly bill? _____

Total Monthly Amount: _____ **Total Yearly Amount:** _____

Name: _____ Home Phone: _____

Address: _____ City: _____

State: _____ Postal Code: _____ Email: _____

NOTES: