



Residential Account Application (residential accounts require automatic payment)

www.highspeedtexas.com

RESIDENT INSTALLATION AND TECHNICAL CONTACT INFORMATION

Contact Name:		Email Address:	
Home Phone:	Mobile Phone:	Fax:	

RESIDENT REFERENCE INFORMATION

Principal Name:		Alternate Contact Name:			
Home Phone:		Alternate Phone:			
E-Mail Address:		Alternate Email Address:			
Driver's License:		Driver's License:			
Billing Address:		Shipping Address:			
City:	State:	Zip:	City:	State:	Zip:
Number of Years at Address:	County:	Number of Years at Address:	County:		
Payment Terms: <input type="checkbox"/> CC <input type="checkbox"/> ACH		Recurring Method: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually			

RESIDENT hereby authorizes S&P Communications, the parent company of Highspeed Texas, to initiate pre-authorized withdrawals or credit card charges, and to initiate, if necessary, correcting credits (automatic deposits) entries and adjustments for debit entries (withdrawal) in error to RESIDENT () **Checking** / () **Savings** / () **Credit Card** account (select one) indicated below at the depository named below, hereafter called DEPOSITORY, to credit and/or debit the same to such account.

BANK INFORMATION

Depository Name:		Branch:	
City:	State:	ZIP:	
Transit/ABA No.:		Account No.:	

OR

CREDIT CARD INFORMATION

Name on Card:	Card Type: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Discover
Card Number:	Expiration Date: <input type="text"/> CVV (3 digit code): <input type="text"/>
Billing Address:	City: <input type="text"/> State: <input type="text"/> ZIP: <input type="text"/>

This authority is to remain in full force and effect until S&P has received written notification from RESIDENT of its termination in such time and in such manner as to afford S&P and DEPOSITORY a reasonable opportunity to act on it.

AUTHORIZATION INFORMATION

Date of Drafts/Charges: 1 st of month	Amount of Drafts/Charges: \$:
Frequency of Drafts/Charges: (<input type="checkbox"/>) Monthly (<input type="checkbox"/>) Quarterly (<input type="checkbox"/>) Annually	
Printed Name:	Driver's License:
Signature:	Date: <input type="text"/>
Email address for receipt: <input type="text"/>	

FOR INTERNAL USE

Delivery Method:	Additional Information:	
Account Representative:	HST network:	Approval if Net 10:
Payment Terms: <input type="checkbox"/> COD <input type="checkbox"/> Net 10	Reseller network:	Account #: