smyths cablevision

AGREEMENT FORM

Please fill in using BLOCK letters

CUSTOMER DETAILS

Name:

Unique Mandate Reference to be completed by Smyths Audio and Video Systems

Address:

Your Phone Number/s:

Email Address:

PLEASE CHOOSE YOUR DOUBLE PLAY PACKAGE:

TV + BROADBAND PACKAGES

TV + Broadband 20Mbps *€35* ☐

TV + Broadband 100mbps *€45* ☐

PHONE + BROADBAND PACKAGES

Phone + Broadband 20Mbps *€42.50* ☐

Phone+ Broadband 100Mbps *€52.50* ☐

PAYMENT TYPE

Connection Charge: _____

Payment Method: Direct Debit ☐ Cash ☐ Debit/Credit Card ☐

Payment Frequency: Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly ☐

LEGAL DETAILS

Please sign below if you are in agreement with the terms shown herein and the conditions overleaf.

I/We accept Smyth's CableVision Systems Ltd. may offer to provide the services shown above on the conditions set out over leaf which are incorporated in this contract and which I/we accept.

Signature(s) _____

Date of Signature(s) _____