smyths cableVISION

AGREEMENT FORM

Please fill in using BLOCK letters

CUSTOMER DETAILS

Name:

Address:

Your Phone Number/s:

Email Address:

- ✔ 100Mbps Broadband Only
- ✔ No Download Limit
- ✔ No Contract

€35

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) _____