

Vacation/Seasonal Plan and Vacation/Seasonal Plan Plus

INSTRUCTIONS: Print the form and provide the information requested on all lines of the form. Return the form with your monthly cable payment. Remember to note disconnect and reconnect dates.

Today's Date: _____

Name: _____

Account number: _____

Florida address: _____

Apt.: _____

City: _____

State: _____

ZIP: _____

Phone number: _____

Date to disconnect services: _____

Date to reconnect services: _____

Out-of-town address: _____

City: _____

State: _____

ZIP: _____

Phone number: _____

Yes, bill my account \$15.95* for the Vacation/Seasonal Plan.

Yes, bill my account \$9.95* per month for the Vacation/Seasonal Plan Plus in addition to the Vacation/Seasonal Plan's \$15.95* one-time fee**.

Signature: _____