



SALES REP \_\_\_\_\_ # \_\_\_\_\_ K1 \_\_\_\_\_  
 CSR \_\_\_\_\_ # \_\_\_\_\_ K2 \_\_\_\_\_  
 DATE \_\_\_\_\_ WS \_\_\_\_\_

RESIDENTIAL SERVICE ORDER

VIDEO		NEW SERVICE		CHANGE OF SERVICE		OTHER _____	
VIDEO SERVICE		ADD ONS		EQUIPMENT		PROMOTION/ORDER NOTES	
SMART	\$ _____	HBO	\$ _____	DCT	\$ _____		
PLUS	\$ _____	CINEMAX	\$ _____	DVR	\$ _____		
TOTAL	\$ _____	SHOW/TMC	\$ _____	TIVO DVR	\$ _____		
BASIC	\$ _____	STARZ/ENC	\$ _____	TIVO MINI	\$ _____		
PREFERRED	\$ _____	KOREAN	\$ _____	CHOICE BOX	\$ _____		
VARIETY	\$ _____	PHILIPINO	\$ _____		\$ _____		
DIG SPORTS	\$ _____	HD PACK	\$ _____		\$ _____		
DIG FAMILY	\$ _____		\$ _____		\$ _____		

INTERNET		NEW SERVICE		CHANGE OF SERVICE		OTHER _____	
75 Mbps / 5 Mbps	50 GB included	\$ _____	PROMOTION/ORDER NOTES				
150 Mbps / 10 Mbps	250 GB included	\$ _____					
250 Mbps / 15Mbps	500 GB included	\$ _____					
RED 1 GIG / 50 Mbps	1 TB included	\$ _____					
EMAIL ADDRESS _____							

LOCAL/LD		NEW SERVICE		CHANGE OF SERVICE		OTHER _____	
Existing Local Phone Orders must be accompanied by an LLOA form or a Third Party Verification call.							
CURRENT PROVIDER: _____ ACS _____ ATT _____ MTA		LLOA-I authorize GCI to be my LOCAL/LD carrier for the number(s) listed and I designate GCI to be my agent to implement this change.					
Line # _____	Line # _____	X _____ (Authorized Signature)					
Line # _____	Line # _____	X _____ (Printed Name)					
Directory Information LISTED AS:							
\$ _____ (not including taxes and surcharges)	X _____ (Printed Name)						
\$ _____ LONG DISTANCE PLAN/OPTIONS	X _____ (Date)						
\$ _____ Non-Listed appears in 411 but not the phone directory \$ _____ Non-Published Does not appear in 411 or phone directory							

INSTALL DATE/TIME/SPECIAL INSTRUCTIONS \_\_\_\_\_

Name _____	Phone Number(s) _____
Service Address _____	City _____ State _____ Zip Code _____
Billing Address _____	City _____ State _____ Zip Code _____
ID _____	PIN/PASSWORD _____
Account Authorization _____	Alaska Airlines Mileage Plan # _____
Payments Received: \$ _____ Account # _____	Cash _____ Check# _____ CC _____
I ACKNOWLEDGE THE EQUIPMENT PROVIDED TO ME IS THE PROPERTY OF GCI. FURTHERMORE, UPON CANCELLATION OF SERVICE I WILL RETURN ALL EQUIPMENT TO GCI. I AGREE TO THE TERMS AND CONDITIONS AVAILABLE AT GCI.COM	
X _____ (Authorized Signature)	X _____ (Printed Name)
	X _____ (Date)