

DIRECTV CUSTOMER AND SERVICE INFORMATION FORM



UNITED SERVICES, INC.

30208 US Hwy. 136 P.O. Box 757
Maryville, MO 64468

Call: (800) 585-6454
Fax: (660) 582-2837

CUSTOMER BILLING INFORMATION

Application Date _____

Account Name _____ Social Security Number _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

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Home Phone _____ Cell Phone _____ Email Address _____

I, THE RENTER, HEREBY RELEASE UNITED SERVICES FROM ALL RESPONSIBILITIES ASSOCIATED WITH INSTALLATION AND AUTHORIZATION OF DIRECTV EQUIPMENT.

Own or Rent? _____ Landlord Name _____ Renter's Initials _____

EQUIPMENT INFORMATION

Please check what type of receiver to be activated & how many.*

STANDARD _____ DVR _____ HD _____ HD/DVR _____

*Additional satellite receivers must be connected to the same land based phone line. Additional lease fees may apply.

PROGRAMMING INFORMATION

Entertainment Choice Choice Extra Choice Ultimate Premier Other _____

ALL PRICING IS SUBJECT TO CHANGE BY DIRECTV

UNITED SERVICES USE ONLY

DIRECTV Account # _____ Authorized by _____

I VERIFY ALL THE INFORMATION GIVEN HERE IS TRUE AND UNDERSTAND BY SIGNING THIS APPLICATION I GIVE UNITED SERVICES/DIRECTV THE RIGHT TO CHECK MY CREDIT HISTORY AND REFERENCES. CREDIT SCORING IS PERFORMED ON BEHALF OF DIRECTV, EL SEGUNDO, CA.

I UNDERSTAND THE ATTACHED FEES AND COMMITMENTS REQUIRED OF ME AND I AGREE TO PAY ALL FEES ASSOCIATED WITH ACTIVATION OR CANCELLATION OF SERVICE.

Customer Signature _____ Date _____