

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 Code _____

() ()

Home Phone _____

Cell Phone _____

Email Address _____

EMPLOYER

PERSONAL REFERENCE

Name _____ Phone Number () _____

Name _____ Phone Number () _____

LIST ALL PEOPLE AUTHORIZED TO MAKE CHANGES TO ACCOUNT

Own or Rent? _____ Landlord Name _____

Name _____ SSN # _____

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

Renter's Initials

Name _____ SSN # _____

PROGRAMMING INFORMATION

- CHOICE CHOICE EXTRA PLUS DVR
 PLUS HD DVR PREMIER OTHER _____

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 same land based phone line. Additional lease fees may apply.

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 _____

Customer Signature _____

Date _____