



Brooklyn Mutual Telecommunications Cooperative

129 Jackson St. – P.O. Box 513–Brooklyn, IA 52211-0513

Phone: 641-522-9211 Fax: 641-522-5001

NETINS - DSL

Requested Installation Date: _____ (**\$15.00 Installation Fee will be on your next bill**)

(please note - we may not be able to complete the installation on this requested date)

Name: _____

Physical Address: _____

Billing Address (If different): _____

City: _____ St: _____ Zip: _____

Daytime/Cell phone: (____) _____ - _____ Home Telephone: (____) _____ - _____

Required: Preferred Username (15 characters max) _____

Required: Mother's Maiden Name/Security Word (password security): _____

Residential (single user)

_____ Speed (3 meg) \$35.95 _____ Speed (12 meg) \$69.95

_____ Speed (6 meg) \$53.95 _____ Speed (24 meg) \$79.95

WHERE AVAILABLE

Required: Applicant's Signature: _____ **Required:** Date: _____