

Email this form to: customerservice@sebastiancorp.com☐ New Install☐ Reconnect☐ Transfer of Ownership**APPLICANT INFORMATION**

Applicant Name		Date of Birth	
(Optional) Last 4 Digits of SSN#	Required: Govt. ID or Driver's License Number		Attach Photo
Cell/CBR #	May we send you text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email	
Employer/Source of Income	Phone #	Years	
Co-Applicant Name		Date of Birth	
(Optional) Last 4 Digits of SSN#	Required: Govt. ID or Driver's License Number		Attach Photo
Cell/CBR #	May we send you text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email	
Employer/Source of Income	Phone #	Years	
Bill Mailing Address		City	State
ZIP + 4			
Service Address <input type="checkbox"/> Same as above <input type="checkbox"/> New Address:			
City/ZIP	New Construction APN#	Have you ever had service with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Address		City	State
ZIP + 4			

RESIDENCE INFORMATION☐ Rent ☐ Own

Permission from your Landlord is required to install any NEW telephone jacks or wiring inside of a rental property *

PRODUCT INTERESTS☐ Telephone☐ High Speed Internet☐ Web Hosting☐ Inside Wiring☐ Voicemail☐ Alarm Service

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____

☐ New Install Existing Account #: _____Service Address: ☐ Same as Bill Mailing Address Has this address had service with us before? ☐ Yes ☐ No

New Address:

City:

Is this New Construction?

☐ No☐ Yes

APN #:

State:

Zip+4:

☐ I wish to publish this telephone number in the print Directory & 411 (Directory Assistance) ☐ I wish to be Non-Published

Name (as it will appear in the directory):

The following telephone features are free of charge at time of install and are added at your request:

- ☐ Block collect calls from being accepted from this line
- ☐ Block 3rd party billing calls to this line from another number.
- ☐ Block 900 numbers from being called from this line
- ☐ Block International Calls over this line
- ☐ Block telephone number from showing on Caller ID units for this number

Additional charge phone features:

- ☐ Show Incoming Caller ID
- ☐ Call Waiting
- ☐ Voicemail
- ☐ Call Forwarding
- ☐ Inside Wire Maintenance Plan

Kerman Price List**Foresthill Price List****LONG DISTANCE PROVIDER·PIC (Preferred Interexchange Carrier)**

Please enter the name and four-digit preferred interexchange carrier (PIC) for your long-distance carrier selection. Before you will be able to use your new long-distance provider, you must contact them to establish an account.

Carrier Name _____ Intralata PIC _____ Carrier Name _____ Interlata PIC _____

Sebastian offers a variety of Long Distance calling plans. Please ask your Customer Service Representative for details.

- ☐ I designate Sebastian as my Preferred Carrier.
- ☐ I decline to select a preferred long-distance carrier at this time.

HOW TO AVOID BEING SLAMMED (PIC FREEZE)

Slamming illegally changes your long distance carrier without your authorization. In order to avoid having your long distance carrier changed without your consent, Sebastian can establish a Preferred Interexchange Carrier (PIC) freeze on your account. A PIC freeze prevents a change in your long distance carrier selections without your express written or verified authorization. This service is provided at no cost to you and you may remove it at any time.

- ☐ I request Sebastian to place a PIC freeze on my account so that my choice of long distance carrier (Intralata Toll and Interlata Toll) cannot be changed without my consent.

CALIFORNIA LIFELINE DISCOUNT PROGRAM

The California Lifeline Telephone Program (California Lifeline) provides discounts on basic home phone service to qualified households. This consumer program of the California Public Utilities Commission helps consumers to lower their phone bills. For more information, click [here](#) (Lifeline Program and Eligibility).

☐ I am eligible to enroll in the California Lifeline Program Federal Enhanced? ☐ Yes ☐ No

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____

☐ New Install Existing Account #: _____Service Address: ☐ Same as Bill Mailing Address Has this address had service with us before? ☐ Yes ☐ No

New Address:

City:

Is this New Construction?

☐ No☐ Yes

APN #:

State:

Zip+4:

SERVICES SELECTION**High Speed Internet**☐ 10 mbps download☐ 15 mbps download☐ 20 mbps download☐ 30 mbps download☐ 40 mbps download☐ Features Charge☐ 75 mbps download☐ 100 mbps download☐ 150 mbps download☐ 200 mbps download☐ Static IP☐ Internet Router**Other Services/ Equipment**☐ Specify: _____**SEBASTIAN DSL AGREEMENT**

I, SUBSCRIBER, HEREBY AGREE TO READ IN FULL THE SEBASTIAN RESIDENTIAL SERVICES AGREEMENT POSTED ONLINE AT WWW.SEbastianCORP.COM PRIOR TO THE COMMENCEMENT OF THE SERVICES REQUESTED IN THIS SERVICE ORDER. UPON REQUEST, SEBASTIAN WILL PROVIDE A WRITTEN COPY OF THIS AGREEMENT. _____ (customer initial) I UNDERSTAND THAT THE SEBASTIAN RESIDENTIAL SERVICES AGREEMENT, AS AMENDED FROM TIME TO TIME, SHALL GOVERN MY RECEIPT OF ALL SERVICES DESCRIBED IN THIS SERVICE ORDER, INCLUDING, WITHOUT LIMITATION, APPLICABLE MONTHLY CHARGES, INSTALLATION CHARGES, LATE CHARGES, EARLY TERMINATION FEES, AND ANY OTHER CHARGES. IF I DO NOT APPROVE OF ANY OF THE TERMS OR CONDITIONS OF THE SEBASTIAN RESIDENTIAL SERVICES AGREEMENT, I WILL NOTIFY SEBASTIAN PRIOR TO THE COMMENCEMENT OF MY SERVICES BY CALLING 559-846-9311 or 530-367-2222 AND CANCELLING MY SERVICES. I FURTHER UNDERSTAND THAT SEBASTIAN RESERVES THE RIGHT TO CHANGE THE TERMS AND CONDITIONS OF THE SEBASTIAN RESIDENTIAL SERVICES AGREEMENT AT ANY TIME, AND THAT I WILL BE NOTIFIED OF ANY SUCH CHANGES ELECTRONICALLY AT THE INTERNET ADDRESS SET FORTH ABOVE. IF I DO NOT APPROVE OF ANY CHANGES TO THE TERMS AND CONDITIONS OF THE SEBASTIAN RESIDENTIAL SERVICES AGREEMENT, I WILL NOTIFY SEBASTIAN OF MY DISAPPROVAL AND CANCEL MY SERVICES BY CALLING 559-846-9311 or 530-367-2222. _____ (customer initial) I ACKNOWLEDGE AND UNDERSTAND THAT MY FAILURE TO NOTIFY SEBASTIAN OF ANY DISAPPROVAL OR OTHER OBJECTION TO THE TERMS AND CONDITIONS OF THE SEBASTIAN RESIDENTIAL SERVICES AGREEMENT, OR ANY CHANGES TO THAT AGREEMENT SHALL CONSTITUTE MY APPROVAL AND CONSENT TO BE BOUND BY SUCH TERMS AND CONDITIONS.

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____