

**COPPER MOUNTAIN CONSOLIDATED METRO DISTRICT
CABLE TELEVISION (CMCMD Cable)
DIGITAL SERVICE AGREEMENT**

PO Box 3002 * Copper Mountain, CO 80443
970-968-2537 * FAX 970-968-2932

Customer Name: _____

Physical Address: _____
(property at Copper Mountain)

____ CONVERTER BOX RENTAL. Customer hereby rents converter box number(s) noted on Digital Service Enrollment Form from CMCMD Cable at \$_____ per month until the converter box is returned to the above cable company's office.

____ CUSTOMER agrees that the converter box shall only be used for PRIVATE HOME enjoyment of customer. Customer further agrees that the converter box shall NOT be used in any public location. Unauthorized use of the converter box may violate Federal Law and be subject to penalties provided by law.

____ Activation of service shall be subject to availability. New installation or connection charges are applicable to digital cable service as outlined below.

One time activation fee \$15.00 (per box)	\$_____
Monthly service charge from Digital Service Enrollment Form	\$_____
TOTAL	\$_____

THE ABOVE MONTHLY SERVICE CHARGE IS IN ADDITION TO ANY OTHER CABLE TELEVISION SERVICE CHARGES NOW IN EFFECT OR TO BECOME EFFICTIVE AS A PART OF THIS AGREEMENT FOR CABLE TELEVISION PROGRAMMING PROVIDED BY CMCMD CABLE TO THE ABOVE NAMED CUSTOMER.

GENERAL TERMS AND CONDITIONS

1. CMCMD Cable reserves the right, from time to time and at any time, to change or modify the cable service and monthly service charges applicable hereto.
2. Service charges for the cable service are due upon receipt of and in accordance with the quarterly billing statement delivered to the customer by CMCMD Cable.
3. In the event that cable service is past due, CMCMD Cable reserves the right to disconnect the cable service for non-payment and will not reinstate service until the balance and appropriate reconnection fees are paid in full.
4. Valid credit card (Mastercard or Visa) and Driver's License in the event of damage or loss of Converter Box.

Credit Card Number (Mastercard or Visa) _____

Driver's License Number/State _____

BY SIGNING BELOW, CUSTOMER REPRESENTS THAT THEY HAVE READ, UNDERSTANDS
AND AGREES TO THE ABOVE TERMS AND CONDITIONS.

Customer Signature

Date