



Residential SMATV (MTS) New Customer Information Form

Property Type

Condominium

Townhomes

Apartments

Private/Student Housing

Other

Property Name

Total Number of Units

Property Address

Address

City

State

Zip

Contact Name at Property

Contact Email Address

Property **Fax** Number

Property **Phone** Number

Billing Address *(if different from Property Address)

Billing Address

Address

City

State

Zip

Billing Contact at Property

Billing Email Address

Billing **Fax** Number

Billing Phone Number

Name of Property Owner

Federal or SS Number

State of Organization (if not an individual)

Property owner Phone

Authorized Property Owner or Manager (please print).

Signature of Authorized Property Owner or Manager

Date

Authorized DIRECTV® Installer and Corp ID (please print)

Signature of Authorized Installer

Date