



Spectrum Internet

AR: _____

Name: _____ NUID: _____

- UNL Student
- UNL IEP Student
- UNL Faculty/Staff
- UNL Dept.

Email Address: _____ Phone: _____

Address: _____
Street Apt. City State Zip Code

Signature: _____ Date: _____

I understand that by signing this contract that I am responsible for Spectrum Service. I agree to pay the monthly fee and any other usage fees incurred.

UNL Department Purchase Only:

Dept. Name: _____ Dept. Phone: _____

Dept. Address: _____ Dept. Cost Object: _____

Internet Service	Price
<input type="checkbox"/> 15 Mbps x 1 Mbps	\$55.00 per month

PLEASE INDICATE:

- New Service
- Cancelation
- Transfer from UNL to personal account
- Transfer from personal account to UNL
- Change billing responsibility

FOR OFFICE USE ONLY:	
Listbill: _____	Spectrum Account Number: _____
A/R or C/O: _____	
Employee Initials: _____	

****Only For OFF-CAMPUS University of Nebraska-Lincoln Faculty, Staff and Students.**