Please provide this ID number when ordering: ID # 12395

Sky Angel Ordering - Fax: 1-239-403-8360 Phone: 1-866-759-6703 Online: www.skyangel.com

Date: _____ **Sales Rep name:** Montana Satellite

Circle one: Mr. Mrs. Mr. & Mrs. Ms. Rev. Dr.

***Required field – physical address needed on all orders.**

***Customer Name:** _____

***Physical Address:** _____

City: _____ **State:** _____ **Zip:** _____

***Phone** _____ ***Mailing Address:** _____

***City:** _____ ***State:** _____ ***Zip:** _____

Email _____

- Check only one box from all options -

Subscription w/no equipment from Sky Angel*

- ☐ **$29.98 upfront – 4 months of service- billed $14.99 thereafter**
- ☐ **$74.95 upfront – 7 months of service- billed $14.99 thereafter**
- ☐ **$149.90 upfront – 14 months of service – Annual subscription**

Receiver # _____

Smartcard # _____

Receiver # _____

Smartcard # _____

There are no refunds on any Sky Angel subscription plans.
All plans require a credit card payment or Electronic Funds Transfer to start an order. Mail checks to the address below.
2-months free is a limited time offer & may expire w/o notice
All subscription prices and length of service already include two-free months of programming.
Tax or a communications fee will be charged if applicable.
Go to www.skyangel.com for *two-month offer* terms and conditions.

*Options on this form are for subscription only. See combo pricing order from for equipment combination prices and options.

If your dish is already installed and the signal is over 60 % or if the dish/receiver will be installed within 3-days, enter the receiver # to the left. If receiver number(s) is supplied, you do not have to call to activate**.** More than one receiver will be charged $4.99 from DISH.
Allow 2-4 days for activation.

Sky Angel will not sell, rent or share your personal information

If customer opts to not to start their subscription by paying by credit card or EFT, they must complete this form and send it along with a check for the subscription order to: **Sky Angel P.O. Box 8930 Naples, FL 34101-8930**

Routing number ↑ Bank account number ↑

Credit Card ↓ Exp. Date: **MONTH** **YEAR**

Payment method:
- EFT ☐
- Credit card ☐
- Mailing check ☐

_____
Name on credit card

Address of payer, if different then address above.

Mailing address: _____

City: _____ St: _____ Zip: _____

The credit card number above will be charged when the order is entered at Sky Angel, not when the activation is called in. The subscription date will start once the receiver is activated.

C C Authorization: _____

Customer Acct. #: _____

Entered by & date: _____

For use by Sky Angel only **12/13/2006**