

AND WE'RE NOT KIDDING

Account Name (as it appears on the bill): _____

Additional Name(s) to add to account if any: _____

Account Number: _____

(Appears in upper right hand corner of your bill.)

Select a Password: _____ (12 character maximum)

(NOTE: if you are a business account please provide this information to the person(s) within your company that require access to your account information)

Check only **ONE** verification question and provide the answer:

In what state/province was your mother born? **Answer:** _____

In what state/province was your father born? **Answer:** _____

What is your mother's zodiac sign? **Answer:** _____

What is your favorite holiday? **Answer:** _____

What is your favorite pet's name? **Answer:** _____

Please drop off or mail the completed form to: Nsight Telservices • 122 S. St. Augustine St. • Pulaski, WI 54162