

New York State Office of General Services Procurement Services Group
Time Warner Cable Cable-based Internet Services Order Form
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Issued Under and Pursuant to: NEW YORK STATE CONTRACT NUMBER { PS63596 }

Select Desired Service

Tele-Worker Service (click to select)

Branch Office Service (click to select)

Ancillary Services

Static IP Service Tier: (click to select)

Vanity POP3 E-Mail Tier: (click to select)

Virtual Private Network Tier: (click to select)

Firewall Service Tier: (click to select)

Total Installation Cost: \$	Total Monthly Cost: \$
Requested Installation Date:	

Time Warner Cable, Inc.:

Authorized User:

By: _____
(Authorized Signature)

By: _____
(Authorized Signature)

Time Warner authorized signature name

Authorized customer name

TWC title

customer title

(TWC use only)	
Account Executive: Account Executive name	Division: Division name