

E-Rate Discount Election Form

I (Authorize	red Applicant Representative),	, certify that (School/Library Name)
·	elects	the following option for E-Rate discounts and agree that this E-Rate
Discount Ele	Election Form is part of a legally binding Service Order between my org	ganization and Spectrum Business (Charter Communications).
(Ple	Please only check one)	
	BEAR (Billed Entity Applicant Reimbursement, FCC For Reimbursement requested by Applicant resulting in a direct ACH Reimbursem invoices.	rm 472) nent from USAC to Applicant. No monthly discounts deducted from Service Provider
	SPI (Service Provider Invoice, FCC Form 474)* Reimbursement requested by Service Provider. Monthly discounts deducted from	n Service Provider Invoices.
	Spectrum Business invoices accordingly without penalties until FCDL i	AC and FCC Form 486 is certified. Applicants are welcome to short pay their is completed by USAC. In the event that USAC has not completed FCDL by Applicant complete full payment for the funding year that is pending approval. It the SPI discounts and process a subscriber refund.
	s due to Spectrum Business no later than June 20 th prior to the respect, the Applicant will be deemed to have chosen the BEAR method for the	tive funding year which begins on July 1st. If no election is made prior ne upcoming funding year.
	or BEAR has been chosen, this election will apply to all services proviotifies Spectrum Business in writing. Such notifications must be comp	rided to customer for the duration of the service agreement unless the leted by June 20 th prior to the given funding year to be effective.
	trum Business (Charter Communications) Service Provider Identificatio	n Number (SPIN) is 143050436. If your Form 471 was filed under a
method are to bill applicate	nce with program guidelines, applicants selecting the BEAR method e required to pay the non-discounted portion of the cost of the goods a cants for this non-discounted portion. Spectrum Business retains the ance with USAC compliance.	and services to their service provider. Service providers are required
	California Applicants:	
	Please check box if CTF Eligible. CTF Application Number	
	If available, please provide a copy of your CTF application letter with the E-rate	Discount Election Form.



(All Fields Required)

Funding Year: BE	:N:	School/Library Name:		
Account Number		Service Location Name and Address	471 Application Number	FRN



Printed Name:					
Title:					
School/Library Name:					
Email:					
Date:					
Signature:					
Please return this form by one of the following methods: Email: DLGSPDept@charter.com					
	(Do not write below this line)				
Internal Use Only	(Do not wine below this line)				
Date Received:	Processed By:				