

E-Rate Discount Election Form

I (Authorized Applicant Representative),	, certify that (School/Library Name)
	elects the following option for E-Rate discounts and agree that this E-Rate
Discount Election Form is part of a legally binding Service Orde	er between my organization and Spectrum Enterprise (Charter Communications).
(Please only check one)	
BEAR (Billed Entity Applicant Reimburs Reimbursement requested by Applicant resulting in a dir invoices.	ement, FCC Form 472) ect ACH Reimbursement from USAC to Applicant. No monthly discounts deducted from Service Provider
SPI (Service Provider Invoice, FCC Formatter Reimbursement requested by Service Provider. Monthly discontinuous di	
Spectrum Enterprise invoices accordingly without poly July 1st of the following funding year, Spectrum Enter	completed by USAC and FCC Form 486 is certified. Applicants are welcome to short pay their enalties until FCDL is completed by USAC. In the event that USAC has not completed FCDL by exprise requests the Applicant complete full payment for the funding year that is pending approval. Iterprise can complete the SPI discounts and process a subscriber refund.
This form is due to Spectrum Enterprise no later than June 20 th to this date, the Applicant will be deemed to have chosen the Bl	prior to the respective funding year which begins on July 1 st . If no election is made prior EAR method for the upcoming funding year.
	all services provided to customer for the duration of the service agreement unless the ions must be completed by June 20 th prior to the given funding year to be effective.
Your Spectrum Enterprise (Charter Communications) Service Polifierent SPIN, please submit a corrective SPIN change request	rovider Identification Number (SPIN) is 143050436. If your Form 471 was filed under a to USAC.
method are required to pay the non-discounted portion of the co	e BEAR method are required to pay their bill in full and applicants selecting the SPI ost of the goods and services to their service provider. Service providers are required rprise retains the applicant's reimbursement request on file per FRN, per funding year
California Applicants:	
Please check box if CTF Eligible. CTF Application Number	
If available, please provide a copy of your CTF application	



(All Fields Required)

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



Printed Name:	
Signature:	
Title:	
School/Library Name:	
Email:	
Date:	
Please return this form by one of the following methods: Email: DLGSPDept@charter.com	
Fax: 704-697-4515	
Internal Use Only	(Do not write below this line)
•	Dressed Dry
Date Received:	Processed By: