



# CONTRACT BUYOUT FORM

Welcome to Spectrum! We look forward to servicing all of your communication and entertainment needs. Please follow the 3 easy steps below to receive your check.

**Step 1:** Install the Spectrum Triple Play (TV, Internet, and Voice)

**Step 2:** Complete the "Contract Buyout Form" below

**Step 3:** Send an email with the following information to [mycheck@spectrum.com](mailto:mycheck@spectrum.com)

- Email Subject line should include your 12 or 16 digit account number.
- Attach a copy of the entire bill(s) from previous provider(s) with early termination fees circled, account holder name and service address clearly marked. **(Attach all applicable bills.)** Acceptable file formats include .jpg or .pdf only.
- Completed "Contract Buyout Form" including all reimbursable Early Termination Fees on the same form **(only one offer/form per account).**

Upon receipt of the forms and verification of eligibility, a check in the amount equal to the early termination fee(s) charged by your previous provider(s) on your bill(s) **(not to exceed \$500 in total)**, will be mailed to your Spectrum address of record.

©Charter Communications. Offer available to qualifying customers only who have not subscribed to Spectrum TV services within the previous 30 days and have no outstanding obligations to Charter, Time Warner Cable or Bright House Networks. Incomplete forms or requests with missing ETF documentation will be returned to the customer for completion and resubmission. Form and bill(s) must be received within 60 days of installation of the Spectrum TV, Internet and Voice services. Check amount will be determined by the early termination fee(s) shown on the bill(s) from the previous provider(s), not to exceed \$500. If email is not available, forms may be mailed to Spectrum, ATTN: Strategic Accounts Team, 7800 Crescent Executive Drive, Charlotte, NC 28217. The check must be redeemed within 180 days from the date of issuance or be rendered null and void. Entitlement to amounts tendered is strictly conditioned upon timely presentment. Failure to present the check for payment within such period shall result in forfeiture of the amounts tendered and reversion thereof to Charter Communications.

## CONTRACT BUYOUT FORM

(\*Asterisk denotes required fields)

\*Name on the Spectrum Account: \_\_\_\_\_

\*Service Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

\*Email Address: \_\_\_\_\_

\*Phone Number on the Account: ( ) - \_\_\_\_\_

\*Spectrum Account Number (12 or 16 digits): \_\_\_\_\_

\*Previous Provider Name 1: \_\_\_\_\_ ETF Amount 1: \_\_\_\_\_

Previous Provider Name 2: \_\_\_\_\_ ETF Amount 2: \_\_\_\_\_

Previous Provider Name 3: \_\_\_\_\_ ETF Amount 3: \_\_\_\_\_

[mycheck@spectrum.com](mailto:mycheck@spectrum.com)