

Essential Services Checkup (Are you paying too much?)

Your name: _____

Cell: _____ Email: _____

Telephone

Do you have a home phone? YES or NO

Current Provider? _____

Bundled with: TV _____ Internet _____ Both _____

Do you have unlimited calling? YES or NO

Do you make long distance calls? YES or NO

Do you make international calls? YES or NO

How much is the monthly bill? _____

Wireless

Current provider? _____

When does your contract (s) expire? _____

Last Phone Upgrade? _____

How many phones do you have? _____

What kinds of phones do you have? _____

Does your plan unlimited data/texts? YES or NO

Do you access Internet on your phone mostly at home? YES or NO

How much is your monthly bill? _____

Internet

Current Provider? _____

Fast or slow (or if speed known)? _____

Bundled with: TV _____ Phone _____ Both _____

How much is the monthly bill? _____

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Home Security

Do you have a home security system? YES or NO

Current Provider? _____

Months left on contract? _____

How much is the monthly bill? _____

Energy

Current Electric provider? _____

Current Gas provider? _____

How much is your average Electric bill? _____

How much is your average Gas bill? _____

Television

Do you currently pay for TV? YES or NO

Current Provider? _____

Number of receivers (TV's connected)? _____

Do you have: HDTV _____ DVR _____ Both _____

How much is the bill? _____

TOTAL MONTHLY AMOUNT? _____ **TOTAL YEARLY AMOUNT?** _____

Please send this form to one of your **Money Saving Specialists:**

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