



Buffalo Fiber
Fast. Local. Reliable.



Buffalo Fiber Referral Program Form

Refer a Friend or Neighbor & Get Rewarded!

Are you enjoying your FAST. LOCAL. RELIABLE Internet service and want to share your experience with fellow Buffalo Residents?

Please do and get a **FREE** month of service from Buffalo Fiber!

Instructions: Fill out this Referral form, sign the Consent and Agreement, and return it to us by:

- ❖ Emailing to **Buffalo_Fiber@ci.buffalo.mn.us**
- ❖ Drop off at the City Center Utility Billing counter at 212 Central Ave

Please call 763-684-5423 for further information or questions.

See terms and conditions at the back of this form.

Your Information (Referrer)

Full Name:

Service Address:

Email Address:

Phone Number:

Referral Information (Customer You are Referring)

Full Name:

Service Address:

Email Address:

Phone Number:

Consent & Agreement

Do you have the referral's permission to share their contact information with us?

- Yes
- No

Terms and Conditions of the Buffalo Fiber Referral Program:

Our referral program rewards you with **one month of free service** for every new customer you refer. To qualify, the referred customer must be new to our service and maintain an active account for at least **three consecutive months**. Once this requirement is met, a **credit equal to one month of service** will be applied to your utility bill.

Referrals must be submitted through the official referral form **prior to the new customers installation date**, and **self-referrals are not eligible**. Only one reward is granted per new customer, the limit of the number of referrals is **12 per year**. The program is open to current customers with accounts in good standing. We reserve the right to withhold rewards in cases of suspected fraud or if the referred customer cancels service early. This program may be modified or discontinued at any time without prior notice.

I agree with the terms and conditions of the referral program.

- I agree

Referrer Signature: _____ **Date:** _____

Thank you for helping us grow!

Office Use Only

Referrer Information

Last Name: _____

UB Account #: _____

Month Free: _____ **(must be 3 months after new customer installation date)**

Amount: _____

Referral Information (New Customer)

Last Name: _____

UB Account #: _____

Fiber Install Date: _____

BMU Staff Approval by: _____