

service name			billing name <input type="checkbox"/> same as service		
service address		suite/floor	billing address		suite/floor
city	st	zip	city	st	zip
service contact		phone number	billing contact		phone number
email address			company website address		

guaranteed rates:	monthly plan fee	rate plan	rate / minute
intra-LATA (local toll)	\$		
intra-state	\$		
inter-state	\$		
international	\$		
total monthly plan fees \$			

Consult rate sheet for rates by

local phone company _____ **estimated monthly usage charges using FIBERNET** _____

present LD carrier _____ \$ _____

please list all lines grouped by Billing Account Number		SWITCH TO FIBERNET		ACCOUNT CODES	account code digits	LINE IS CENTREX	LINE HAS PIC FREEZE	notes	
local phone company Billing Account Number		working phone number	LONG DIST-ANCE	LOCAL TOLL CALLS					
sample	310 - 555 - 1234	310 - 555 - 1234	X	X	YES	4	NO	NO	MAIN NUMBER
	310 - 555 - 1234	310 - 555 - 1225	X	X	NO	----	NO	NO	FAX
1	-	-							
2	-	-							
3	-	-							
4	-	-							
5	-	-							
6	-	-							
7	-	-							
8	-	-							
9	-	-							
10	-	-							

bill language choice english espanol invoice only electronic call detail

bill options

telephone system type _____

telephone system vendor _____

phone number _____ **acct. number** _____

credit information proprietorship partnership corp. LLC

year started _____ state _____ tax ID number _____

corporate officer / principal name _____

title _____

social security number _____ **birthdate:** ____/____/____

service agreement terms and conditions

I wish to apply for service with FIBERNET, Inc. I am authorized to make decisions concerning our long distance. I agree to accept responsibility for payment of all charges incurred on this account and to pay interest, late charges, and all costs of collection including attorney fees. I have read and accept all other terms of this Agreement. I instruct our bank listed to release account experience information to FIBERNET. The initial term of this Agreement is one year and shall renew automatically yearly thereafter. Full or partial cancellation of service prior to the end of the initial term or extension thereof requires 30 days written notice and payment in full of all outstanding charges to FIBERNET. SPECTRUM T1 service may not be cancelled prior to one year from installation. \$5.00 minimum monthly charge per account. This Agreement includes any Attachments indicated herein. I agree to notify FIBERNET in writing if I add or delete phone numbers with the LEC and to pay for all FIBERNET charges on those lines which I may delete with the LEC and fail to notify FIBERNET to deactivate them from my account.

bank name _____

contact name _____

contact phone number _____ **account number** _____

LEC agency agreement and "slamming" protection request

We hereby select FIBERNET as our carrier for both intra-LATA and inter-LATA service. FIBERNET may act as as our agent for telephone service and receive our Customer Premise Network Information. Protect our lines from unauthorized switching. Make no PIC changes without written/EDI authorization from

credit card billing charge my credit card monthly. \$5 minimum charges per month

credit card number _____ **expiration date** ____/____/____

additional agreements attached

inbound Toll Free service SPECTRUM T1 service Term Plan account code list FIBERLINK Travel Card service

print name _____ **ID** _____ **print name** _____

credit card authorization - please sign

I authorize FIBERNET to bill my credit card monthly for all charges on my FIBERNET account.

FIBERNET approval _____ **date** ____/____/____

service acceptance for Customer by - please sign _____ **date** ____/____/____