



COMCELL SERVICE CONTRACT

CUSTOMER INFO			
CUSTOMER NAME:		DATE SENT/RECEIVED:	Sent: _____ Received: _____
CONTACT NAME:		CONTACT NUMBER:	
BILLING NAME:		EMAIL ADDRESS:	
BILLING ADDRESS:		CITY / STATE / ZIP:	
SERVICE ADDRESS:		CITY / STATE / ZIP:	

SERVICE			
MINIMUM SERVICE TERM		ESTIMATED SERVICE DATE:	
QTY	Service Description		MRC - Monthly Recurring Charge NRC- Non Recurring Charge*
MRC/NRC TOTALS:			

*Note: Install portion of Non-Recurring Charges will be waived if Minimum Service Term is 24 months or greater or will be credited by 50% if Minimum Service Term is between 12 and 24 months. Any waived fees are due from Customer immediately if service is cancelled by Customer through nonpayment or otherwise prior to the end of the committed term.

SERVICE DETAILS:	
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CUSTOMER AGREEMENT AND SIGNATURE

ON BEHALF OF THE ABOVE-NAMED CUSTOMER, I AGREE TO SUBSCRIBE TO THE SERVICES SELECTED ABOVE FOR THE MINIMUM SERVICE TERM AND AGREE TO THE TERMS AND CONDITIONS AND OTHER POLICIES APPLICABLE TO THOSE SERVICES ("TERMS AND CONDITIONS"), WHICH CAN BE FOUND AT: <http://www.comcell.net/service-agreement/> (WRITTEN COPY AVAILABLE UPON REQUEST). Services are provided by Community Telephone Company, Inc. and/or its wholly-owned subsidiary, Comcell, Inc. (collectively "Comcell") pursuant to the Terms and Conditions. By signing below, I warrant that I am 18 years old or older, that all information supplied by or about the above-named customer is accurate, and that I am authorized to sign this service contract on behalf of the above-named customer.

<p>CUSTOMER NAME: _____</p> <p>CUSTOMER SIGNATURE: X _____</p> <p>PRINTED NAME: _____</p> <p>TITLE: _____</p>	<p>COMCELL APPROVAL _____</p> <p>APPROVED DATE: _____</p>
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