



RESIDENTIAL SERVICES:

Available A la`carte*

- | | | | |
|---|-------|---|-------|
| <input type="checkbox"/> Residential Line | 14.65 | <input type="checkbox"/> Automatic Callback | 5.00 |
| <input type="checkbox"/> Caller ID w/Name | 10.50 | <input type="checkbox"/> Voicemail | 10.95 |
| <input type="checkbox"/> Call Waiting | 7.00 | <input type="checkbox"/> Repeat Dialing | 5.50 |
| <input type="checkbox"/> Talking Call Waiting CID | 11.50 | <input type="checkbox"/> 3-way Calling | 6.50 |
| <input type="checkbox"/> Call Waiting Caller ID | 9.50 | <input type="checkbox"/> Privacy Manager | 3.95 |
| <input type="checkbox"/> Call Forwarding | 6.50 | <input type="checkbox"/> Install per line | 42.00 |
| <input type="checkbox"/> Non-Published Number | 4.95 | <input type="checkbox"/> | |

* All feature prices are monthly charges except installation *

Month to Month Toll Rates

1 Year Agreement Toll Rates

All Calls Billed in 6 Second Increments With a 30 Second Minimum

Intralata per minute	.089	Intralata per minute	.069
Intrastate per minute	.089	Intrastate per minute	.069
Interstate per minute	.089	Interstate per minute	.069
Alaska, Hawaii, Puerto Rico	.254	Canada	.15

Mail or fax entire page with copy your photo ID and a copy of your credit card to:
1-866-CMC-SAVE

Fax: 248-668-2812

CMC Telecom, Inc.

51151 West Pontiac Trail

Wixom, MI 48393

- Taxes and surcharges not included
- Does not include inside wiring

Name: _____

Address: _____

City: _____, MI Zip: _____

Drivers License #: _____

Social Security #: _____

Current Employer: _____

Address: _____

Work phone#: _____

Alternate contact #: _____

If you currently have existing telephone service, CMC can assume those line number(s). Please list active phone number(s) you would like CMC to assume:

Terms & Conditions:

- I want the 1(one) year agreement with toll rates of \$.069/min
- I want the month-to-month agreement with the toll rates of \$.089/min
- I authorize CMC Telecom, Inc. to provide residential telephone services as indicated. By signing I agree to the rates and term length as indicated above. I understand that if I chose the \$.069 toll rate and terminate service prior to the end of 1 (one) year I will be assessed a \$100.00 termination fee. **I understand I will have approximately two (2) weeks to view my bill and pay by check or money order if I so choose. I also acknowledge that if not paid manually by the due date my debit/credit card listed below will automatically be used for payment.**

Please Print Name

Signature

Date

Card Number (REQUIRED) CID Exp. Date

