

Totally Unlimited

Local & Long Distance Residential Service Package

\$43.95

a month*

TOTALLY UNLIMITED

Local Calls

TOTALLY UNLIMITED

Domestic Long Distance

Calling Plan Features Include:

Caller I.D. With Name - Called party sees phone number and listed name of caller

Call Waiting - Beeping sound alerts called party that another incoming call

Three Way Calling - Allows caller to conference in two other calls into one conference

Call Forwarding - Automatically forwards calls to any other number

* Please send or fax us completed form with copy of photo ID and credit card

*Based on a 1 year agreement

Additional Features & Pricing

| Auto Callback | \$5.00 |
|-------------------------|---------|
| Voicemail | \$10.95 |
| Talking Call Waiting | \$11.50 |
| Repeat Dialing | \$5.50 |
| Non-published | \$4.95 |
| Privacy Manager | \$3.95 |
| Installation (per line) | \$42.00 |

Optional Personal Toll Free Number

| Monthly Service | .3.00 |
|-----------------|-------|
| Intra Lata* | .045 |
| Intrastate* | .045 |
| Interstate* | .045 |

Advantages

Predictable Monthly RateKnow what you're going to pay each month

One Bill & One Point of Contact

Get all of your questions or problems solved with one easy call

- * All calls billed in 6 second increments with a 30 second minimum
- * Taxes and surcharges not included
- * Does not include inside wiring
- * International calls billed at CMC International rates

Subscription Form

| Name | | |
|---|----------|--|
| Address | | |
| City | _ MI Zip | |
| Drivers License | | |
| Social Security # | | |
| Current Employer | | |
| Address | | |
| Work Phone | | |
| Alternate contact # | | |
| If you currently have existing phone service, CMC can assume those line number(s). Please list active phone number(s) you would like CMC to assume: | | |

Terms and Conditions

I hereby authorize CMC Telecom, Inc. to provide residential telephone services as indicated. By signing, I agree to a one (1) year term at the listed rates and understand that if I terminate service prior to the end of this term I will be assessed a \$100.00 termination fee. I also agree to automatic payment via the credit/debit card listed below and acknowledge I will have approximately two (2) weeks to view my bill and to pay by check or money order if I so chose.

| Please Print Name | | |
|------------------------|-----|--------------|
| Signature | | Date |
| Card Number (required) | CID | Exp. Date |
| VISA | | Master Card. |

Complete form and mail or fax to:



51151 West Pontiac Trail, Wixom, MI 48393-2028 (248) 668-2800 ~ Fax (248) 668-2812

Agent# _____