



SIGN UP FOR:
Unlimited
Residential
Telephone Service
Package
\$39.95

Features Include*:

UNLIMITED Local Calls	
UNLIMITED IntraLata, Zone & Toll	
IntraState & InterState	.049/min
Alaska, Hawaii, Puerto Rico	.049/min
Canada	12/min
L.D. Directory Assistance	1.50/call
Caller ID with Name	INCLUDED
Call Waiting	INCLUDED
Call Forwarding	INCLUDED
3 Way Calling	INCLUDED

* Additional features available for additional charge

* All Long Distance Calls billed in 6 second increments after First Minute

* Prices Exclude Operator handled calls, customer dialed credit card calls & Directory Assistance calls

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

Additional Features & Pricing

- Automatic Callback \$5.00
- Voice Mail \$10.95
- Talking Call Waiting \$11.50
- Non-Published Number \$4.95
- Repeat Dialing \$5.50
- Privacy Manager \$3.95
- Install (per line)** 42.00
- Call Forwarding \$6.50
- Call Waiting Caller ID** \$0.00

** No additional charge if call waiting and caller ID with name are on the line.

Optional Personal Toll Free Number

- Monthly Service \$3.00
- IntraLata* \$.065
- Intrastate \$.065
- Interstate* \$.065

* All calls billed in 6 second increments with a 30 second minimum

* Taxes and surcharges not included

* Subject to credit approval

* Does not include inside wiring

Subscription Form

Name: _____

Address: _____

City: _____ MI Zip _____

Drivers License #: _____

Social Security #: _____

Current Employer: _____

Work Address: _____

Work phone#: _____

Alternate contact #: _____

If you currently have **existing** telephone service, CMC **can** assumed 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 valid 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 choose.

 Please Print Name

 Signature

 Date

Card Number (required) CID Exp. Date



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