TCT VONtel Services Agreement

405 S 4th St, F Basin, WY OFFICE 307. FAX 307.56	82410 568.3357	451 Shoshone Ave, PO Box 158 Lovell, WY 82431 OFFICE 307.548.2275 FAX 307.548.7771	401 S Bent #4 Powell, WY 82435 OFFICE 307.754.9160 FAX 307.568.3748	TCT
Customer Name			Date	
Physical Address			Current Telephone #	
			Alternate Telephone #	
Mailing Address				
A one-week VONtel test period is required by all customers. After your one-week test period, TCT will begin billing your account for VONtel services. If you wish to port your Qwest telephone number, please confirm this with a Customer Service Representative as close to the end of your test period as possible, so we can begin the porting process which can take up to one week. During this time you will continue to be billed by Qwest until the porting process is complete.				
□ After test period, I would like TCT to provide a local phone number for my VONtel service.				
□ After t	test period, I wou	Id like to port my local Qwest phone num	ber to be used with my VONtel service.	
	Qwest Accoun	t Name	Signature	
Please choose a VONtel plan for unlimited local and long distance calling, available to the lower 48 states plus Hawaii. (Calls to Alaska, International & operator-assisted calls, as well as directory assistance calls can be placed using VONtel for an additional fee.) \$2995/month Residential Plan \$4995/month Business Plan				
Please choose FREE calling options you wish to have included with your VONtel service. □ Caller ID □ Voice Mail Do you want your name and number to appear in the directory and/or directory information? Please note: If porting your number from Qwest, it will remain exactly as it is currently listed. If currently Non-pub or Non-list, it will remain Non-pub or Non-list. There will be a one-time [§] 7 ²⁰ charge to make any changes to your listing status.				
 PES				
	sys ATA/Router	combo - Discount price - ^{\$} 50 ⁰⁰ thernet connection - for use with one con	nputer or with an existing hub, switch or rout	er.
□ ATA Warranty - \$1 ⁰⁰ /month - Covers replacement of damaged or defective ATA unit purchased from TCT.				
and have your loca patcher. TCT requi	al number with yo res that you notif	u. Please consider, however, that the AT	ou can plug your ATA into any high-speed Int A is programmed to send all 911 calls and ir <i>signature is required for the acknowledg</i> <i>ion.</i>	formation to your local 911 dis-
Customer's signature Date				
For office use only				
Test phone number	r		Assigned/ported number	
Test phone number Test service effective date			Assigned/ported number Service effective date	
Test MAC ID			MAC ID	
□ Equipment shipped □ Customer picked up □ Taken to install				
Notes:			S/N	CSR

ACKNOWLEDGMENT OF RECEIPT OF INFORMATION ON E-911 SERVICE

I hereby acknowledge that I have been informed, prominently and in plain language, of the circumstances under which E-911 service may not be available through the interconnected VoIP service known as VONtel or may be somewhat limited by comparison to traditional E-911 service. I acknowledge receipt of the information that is specifically printed on the VONtel site at <u>www.tctwest.net</u>. SUCH CIRCUMSTANCES OF LIMITATION OF THE E-911 SERVICE, INCLUDE, BUT ARE NOT LIMITED TO RELOCATION OF THE END USER'S IP-COMPATIBLE CPE, USE BY THE END USER OF A NON-NATIVE TELEPHONE NUMBER, BROADBAND CONNECTION FAILURE, LOSS OF ELECTRICAL POWER, AND DELAYS THAT MAY OCCUR IN MAKING A REGISTERED LOCATION AVAILABLE IN OR THROUGH THE ALI DATABASE. I REALIZE THAT THE EMERGENCY SERVICE PROVIDER MAY NOT KNOW THE ADDRESS THAT I AM CALLING FROM WHEN I MAKE AN EMERGENCY CALL, AND THAT I WILL NEED TO PLAINLY AND CLEARLY GIVE HIM THE CORRECT ADDRESS AND DIRECTIONS TO THE EMERGENCY.

I acknowledge that I understand the limitations of the E-911 service of VONtel. I also acknowledge that I will receive free warning stickers from VONtel prior to my service being initiated to place on or near my equipment used in conjunction with the interconnected VoIP service known as VONtel. I agree to place these stickers on my equipment, and to warn other users of my equipment about the limitations of the E-911 service.

I hereby assume all risk for use of the VONtel service without traditional E-911 service. <u>I ACKNOWLEDGE THAT I HAVE BEEN INFORMED THAT I SHOULD ALWAYS HAVE</u> <u>AN ALTERNATIVE MEANS OF ACCESSING TRADITIONAL E-911 SERVICES.</u>

I understand that my VONtel service will not be connected until this form is returned fully dated and signed. If my signature, printed name, and date are missing from this form, I will not be connected to the VONtel service until it is furnished by me.

DATED:_____

Signature

Printed Name