

CARL JUNCTION BUSINESS SERVICE APPLICATION

Please fill out the below information to subscribe to Optic Communications services. Please note that installation, prepayment, and/or deposits may be required to establish our services.

Entity Name			
Service Address			
Billing Address (if different)			
Federal Tax ID	ax Exempt Code (if applicable)		
Contact Name	Title		
E-Mail Address	Contact #		
Who is your corporate cellular provider (if you have one)?			
Bill Type □ E-MAIL □ MAIL □ BOTH			
Do you want Auto-Pay? ☐ YES ☐ NO			
If you currently have service through Columbus Telephoron cour existing bill from CTC? \Box YES \Box NO	one Company, Inc., do you want your bill consolidated with		

We strive for clarity, so note the following:

- If we don't already have a fiber-optic drop to your facility, there will likely be an installation charge. This is due upon signing up as is your first month's payment.
- All of our bills are due on the 10th of each month, and like all telecommunications companies, we bill in advance.
- Our standard service call rate is \$85/hour.
- Unless otherwise stated, you're bound to our terms and conditions. The latest revision is found on our website at www.optic-communications.com.

Should you have any questions, just ask! That's what we're here for.

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INTERNET SERVICES

	are carried by Ethernet. We Pv4 address. Note that Optic			•
BANDWIDTH	□ 100 MBPS \$100/Month	☐ 500 MBPS \$125/Month	☐ 1 GBPS \$145/Month	
DO YOU NEED A STATION Note additional charges	C IP ASSIGNMENT? ☐ YES ☐ s apply for static IP assignme	NO IF YES, HOW MANY ents.	?	
DO YOU NEED A MANA APP FOR \$10/MONTH?	GED ROUTER/WIFI WITH ACC	CESS TO OUR OPTICCOM	M COMMANDIQ	
Please provide us any a Optic Communications	additional information that m	nay be necessary for the	accurate provisioning of you	r services fron

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