

East Texas WiFi - SUBSCRIPTION AGREEMENT

Wireless Internet Service

Wireless Internet Service Fee Schedule

| ACCOUNT TYPE | MONTHLY FEE + tax | Radio Lease-Purchase Agreement (Yes /No) |
|----------------------|----------------------|--|
| Wireless 256K x 64K | 29.00 + 2.39 = 31.39 | |
| Wireless 512K x 128K | 39.00 + 3.22 = 42.22 | |
| Wireless 1MB x 256K | 49.00 + 4.04 = 53.04 | |
| Service Per Quote | | |

Radio Purchases = SL2 Client Module - \$ 199.00 + Tax / CPQ-19 Client Module - \$ 249.00 + Tax

Radio Lease/Purchase = SL2 Client Module - \$ 19.10 per month over 12 Months / CPQ-19 Client Module - \$ 23.90 per month over 12 months

Installation - \$ 119.00 +Tax

Other Services: Customer Premise Equipment Insurance - \$ 7.00 per month

- ALL accounts come with up to either 3 vzinet.com or 3 easttexaswifi.com email addresses.
- Additional email addresses or email addresses with other plans are \$2/each per month.

In order to process your Internet Access Account request, please provide the following information:

Subscriber Information:

ACCOUNT TYPE

Subscriber Name: _____
256K

256K x 64K / 512K x 128K / 1MB x

Contact Name (If Different) _____

Other: _____

Address: _____

Radio Lease-Purchase: _____

City: _____ State: _____ Zip: _____

Phone:(_____) _____ FAX (_____) _____

How did you hear about our service? _____

ACCESS INFORMATION: CASE SENSITIVE. (3-32 characters – no special symbols)

Which email address should we use to send your invoices and other pertinent mail?: _____

1st Email Address: _____@ Password: _____

2nd Email Address: _____@ Password: _____

3rd Email Address: _____@ Password: _____

By signing this form below the subscriber acknowledges that they have read the Subscribers Agreement attached and hereby agree to the terms and conditions as discussed in the agreement.

Signature: _____ Original Sign On Date: _____

Acceptable Payment Methods: (Circle Choice Please)

DL # & State _____

1. **CREDIT CARD:** Auto-Charge = your card will be automatically debited monthly if account is Month to Month

Circle the card you want to use: MasterCard Visa American Express Discover

Card Number: _____ Expiration Date _____

Name on the card: _____

2. **CHECK:** _____

3. **CASH:** Bring your payment to Office during regular office hours. Payment is required in ADVANCE of services to be rendered.

4. **DIRECT DEBIT:** Attach voided check to this agreement