

Residential DSL

Date Ordered	___/___/___
Date Activated	___/___/___

Prepared by _____

Platypus account number _____

Name _____

Address _____

City, State, Zip _____

Phone _____ Alternate _____ Activation(DSL) _____

Email Address _____	PPPoE _____
Password _____	Password _____

Monthly Rate	Equipment cost	Bandwidth
\$34.95	\$79.95 + tax	up to 1.5 Mb down / 768 Kb up
\$44.95	\$79.95 + tax	up to 3.0 Mb down / 768 Kb up

Tax will be added to the price of the DSL equipment. DSL installation charge starts at \$65 and is optional. Installations in excess of one hour are billed at \$65/hour. DSL service is not available in Kansas. Kits include DSL modem, wall jack, and four filters.

Monthly Charges

Charge for service	\$ _____
Special discount _____	(\$ _____)
Total monthly service charge	\$ _____
Additional email accounts (\$10 for 50)	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Total monthly charge	\$ _____

Bill to:

Visa Mastercard Discover AMEX

Card # _____

Expiration ___/___ Security Code _____

Name on Card _____

ACH (attach authorization and voided check)

Future wireless billings will occur on the first of every month. At the time of the installation, you will be billed a pro rata amount to complete the current month and your first full month of service. On the first of each month thereafter, you will be billed the full amount noted under "total monthly charge."

Current Charges

Install fee/Equipment fee	\$ _____
Promotion: _____	\$ _____
First month of service	\$ _____
Excess install hours ___@ \$75 per hour	\$ _____
Subtotal	\$ _____
Additional equipment/materials/service	_____ \$ _____
_____	\$ _____
Applicable Taxes	\$ _____
Total current charges	\$ _____

Bill to:

Visa Mastercard Discover AMEX

Card # _____

Expiration ___/___ Security Code _____

Name on Card _____

ACH (attach authorization and voided check)

Comments _____

I understand that all service calls are billed at \$65 per hour. (Hourly Rate is subject to change)
 I agree to allow Stouffer Communications to recover these amounts through a charge to my credit card or as an ACH debit to my checking account based on my method of paying for service.
 I understand I need to give, no less than, a two week notification to terminate services.
 I understand that I will be charged \$25 for any payment that does not process due to insufficient funds or for any other reason.

Signature _____

Date _____