



CLEC Business Application

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Fax: 641-762-8201
www.comm1net.net

GENERAL INFORMATION

Business Name _____ Tax# _____
Contact Name _____ Cell # _____
E911 Address _____
City/State/Zip _____
Work Phone Number _____ Fax Number _____
Date Service Requested _____ Date of Install _____
Billing Name & Address _____

PHONE SERVICE

Porting Phone Numbers: _____ Y/N

Number of:

If porting phone number, please provide:

- Current Service Provider: _____
- Account number: _____
- PIN Number: _____

- Phone Lines _____
- Fax Lines: _____
- 800 Numbers: _____

PHONE FEATURES

<input type="checkbox"/> Business Phone Line	\$30.00	<input type="checkbox"/> Caller ID	\$5.00
<input type="checkbox"/> Additional Line	\$20.00	<input type="checkbox"/> Comm1 Flat Rate	\$.05/min
<input type="checkbox"/> 3-Way Calling	\$2.00	<input type="checkbox"/> Telemarketing Screening	\$1.00
<input type="checkbox"/> Call Waiting	\$2.00	<input type="checkbox"/> Premium Voice Mail	\$6.00
<input type="checkbox"/> Unlisted/Non-Publish	\$0.50	<input type="checkbox"/> Call Forwarding	\$2.00
		<input type="checkbox"/> Call Waiting/Caller ID	\$2.00

LONG DISTANCE

Comm1 offers several choices of long distance carriers. Customers are not required to use Comm1's long distance. If you would like to use a different carrier, please list your choice in the interlata and intralata areas below.

I have chosen not to use Comm1 as my long distance carrier. Please use the following long distance carrier(s) for my intralata (in area) and interlata (out of area) toll service. This appointment shall remain in effect unless modified.

Intralata (in area) Choice _____

Interlata (out of area) Choice _____



INTERNET SERVICES

- 25/25MB High Speed Internet \$50.00
 - 50/50MB High Speed Internet \$100.00
 - 75/75MB High Speed Internet \$150.00
 - 150/150MB High Speed Internet \$300.00
 - 200/200MB High Speed Internet \$400.00
 - 250/250MB High Speed Internet \$500.00
 - 300/300MB High Speed Internet \$600.00
 - 500/500MB High Speed Internet \$1,000.00
 - 1 Gigabyte High Speed Internet \$2,000.00
- Additional Internet Services**
- Static IP (\$50 one-time installation fee) \$5.95

EMAIL INFORMATION

I would like an email address assigned to me No - this is my current email address

Preferred Username _____ Current Email: _____

Password Requested _____ Would you like your bill emailed to you? Yes No

Emails: Up to 4 additional email accounts are included with service. Extension will be @comm1net.net or @ganiowa.com. You are not required to use any additional usernames. Usernames need to be 15 characters or less. Password requests are accepted and must be a minimum of 8 characters, contain a capital and lower case letter, number, special character, and may not contain any part of the username.

DIGITAL CABLE SERVICE

- Expanded Digital Cable \$75.00
- Basic Cable \$30.00
- Additional Digital Box (each) \$5.00
- DVR \$11.00
- 1 Premium Channel Package \$15.00
- Total Number of digital boxes _____

Premium Channels Available – Choose from Cinemax, HBO, Starz/Encore or Showtime

- Premium channel discounts:
- 2 for \$27 (Savings of \$3.00)
 - 3 for \$39 (Savings of \$6.00)
 - 4 for \$50 (Savings of \$10.00)

Digital cable includes 1 digital box free with service. Each additional is \$5.00. Customer is responsible for returning all equipment upon discontinuation of service. If not returned, a \$250.00 charge will be incurred per box.

The CATV Retransmission Fee collected by Comm1 is used to purchase the right retransmit local network stations (NBC, CBS, ABC, and Fox). Hancock/Cerro Gordo Counties - \$36.50 Kossuth/Wright Counties - \$33.41 Customer Initials: _____

WIRE MAINTENANCE

I would like to subscribe to the Wire Maintenance Plan for \$3.00 per month. With the wire maintenance plan, Comm1 will repair or replace any inside wiring that creates a service problem.

CPNI - Customer Proprietary Network Information

FCC Implemented rule to protect the privacy of information contained in your account with Comm1. New rules allow Comm1 to discuss account information ONLY with person(s) listed on account. Comm1 must authenticate that person & will do so by asking a specific question to which you have previously provided an answer. Please notify us if you would like to add users to your account, so we can set up a security question and password.

Required Security Phrase _____ ***Required*** CPNI Opt Out Yes No

ALL PRICES SHOWN DO NOT INCLUDE REGULATORY FEES AND TAXES. INSTALLATION AND EQUIPMENT CHARGES MAY APPLY. ALL SERVICES SHOWN MAY NOT BE AVAILABLE IN ALL AREAS. SPEEDS LISTED INDICATE POTENTIAL DOWNLOAD SPEED OF SERVICE. UPLOAD SPEEDS WILL BE LESS THAN DOWNLOAD SPEEDS AND VARY BASED ON PRODUCT DELIVERY. CONTACT OFFICE FOR FULL DETAILS.



AUTO PAY

With our Auto Pay program, you will not have to write another check to pay for your monthly communications bill. When you enroll, we will automatically deduct the "Total Amount Due" (found on your bill) from your checking account on the 5th of each month. You will continue to receive your monthly bill for review, but it will reflect 'Direct Payment Program' authorization, unless you choose e-bill only option.

I wish to use Electronic Banking

I (we) hereby authorize Comm1, hereinafter called COMPANY, to initiate debit entries to my (our) checking account indicated below, at the depository name below, hereinafter called DEPOSITORY, to debit some to such account on the fifth (5th) of each month.

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination and/or bank account is discontinued, in such time and in such manner as to afford COMPANY and DEPOSITORY, a reasonable opportunity to act on it. The notification to the COMPANY should reach them prior to the 20th of the month with termination to affect the next month's billing. I understand that adequate account balances must be maintained by me for the auto pay debit on the 5th. If not, a fee will be charged to my account and the resulting non-payment could lead to disconnection of service.

For Verification purposes, a voided check must accompany this agreement.

Name on account _____

Bank Name _____

Transit/ABA Number _____

City/State/Zip _____

Account Number _____

Signature _____

STATEMENT OF NONDISCRIMINATION – Communications 1 Network, Inc. is the recipient of Federal financial assistance from the U.S. Department of Agriculture (USDA). The USDA prohibits discrimination in all the programs and activities on the basis of race, color, national origin, age, disability and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication or program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA Director, Office of Civil Rights, 1400 Independence Avenue S.W., Washington, DC 20250-9410, or call toll free (866) 632-9992 (voice) or 800-877-6339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.

CUSTOMER COMPLIANCE AGREEMENT & AUTHORIZATION

By establishing an account with Comm1 or using any software provided, developed, licensed or owned by Comm1. I AGREE TO BE BOUND BY THIS AGREEMENT AND TO USE THE services in compliance with this agreement and other Comm1's policies posted from time to time on our website at www.comm1net.net.

I understand that all charges listed on this application are monthly (with the exception of installation) and do not include taxes and regulatory fees.

I authorize Comm1 to install all appropriate equipment for the services I have requested. I understand that all policies and procedures can be found on Comm1's website or given upon request. All adults are required to sign this application.

Customer Signature _____ ***Date*** _____

Customer Signature _____ ***Date*** _____