



Flat Rate Long Distance Service Agreement

Long Distance Service
Provisioned By



Customer Information

Date: ____/____/____

Customer or Company Name _____

Address: _____ Apt/Suite # _____

City: _____ State: _____ Zip: _____

Phone # (Day): (____) _____ Phone # (Eve): (____) _____ Fax #: (____) _____

Email Address: _____

Calling Plan Selection(s)

In the spaces provided below, indicate your plan choice(s) and the phone number(s) to be activated. Note: The Pioneer & The Steadfast Plans support 2 line registration (Dual ANI) at no additional charge. Our system will recognize the phone numbers that you indicate below to authorize your use of service.

- Selected Calling Plan: The Pioneer / 5000 Minutes / Local Access \$99 per mo
 The Steadfast / 5000 Minutes / Toll-Free Access \$169 per mo
 The Vanguard / Unlimited Broadband \$199 per mo

One-Time Activation Charge Applies: \$34.95 for The Pioneer or The Steadfast Plans \$39.95 for The Vanguard Plan

Phone #'s To Be Registered For Service (____) _____ & (____) _____

Payment Information

I HEREBY AUTHORIZE HIGH TECH TELECOM, INC. TO USE THE SELECTED METHOD OF PAYMENT BELOW PURSUANT TO THE BILLING POLICIES/RATES SET FORTH IN THIS DOCUMENT:

Select One: ACH Check Draft Visa MasterCard American Express Discover

Credit Card Information

Name, exactly as on card (please print): _____

Check here if Billing Address is the same as customer address listed above. If different, indicate below

Billing Address: _____ City: _____ State: _____ Zip: _____

Card Number: _____ Expiration Date _____

Cardholder Signature: _____

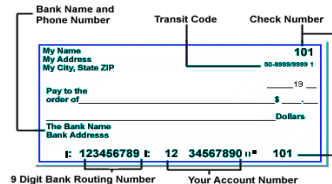
ACH Check Drafts

Full Name on Account _____

Routing # _____ Account # _____

Bank Name _____

Authorized Signature: _____



Acknowledgement

By signing below, the customer acknowledges that he/she has read and understands the statements and billing explanations listed on the terms and conditions, and further, agrees to abide by those terms as listed herein.

Authorized Name: _____

Authorized Signature: _____

Today's Date: _____

HighTech Telecom, Inc. ♦ 1-877 977-6748

NOTE: PAGE 1 AND 2 OF THIS ORDER FORM MUST BE FAXED TO: to 1-866-443-9231 or mailed to HighTech Telecom ♦ ATTN: Maureen McGowan ♦ 8824 Cross Country Place ♦ Gaithersburg, MD 20879



HighTech Telecom, Inc. Service Agreement



IMPORTANT: PLEASE READ ALL INFORMATION THOROUGHLY. THIS DOCUMENT CREATES A LEGALLY BINDING CONTRACT. YOU MUST SIGN AND INITIAL ALL REQUIRED AREAS. FAILURE TO DO SO WILL CAUSE DELAY IN PROCESSING YOUR ORDER.

TERMS AND AGREEMENTS: Please read and check our company policies. The terms "I", "my", "me" or "Customer" as used below refers to the Customer identified on page 1.

I agree and authorize HighTech Telecom, Inc. to charge my authorized credit card(s) on file, OR debit my checking account on file, (in advance) each month for each calling plan selected. I understand that charges will appear from HighTech Telecom, Inc.

Customer's Initials: _____. ←

I understand and agree that in addition to the monthly plan cost, a one-time activation fee of \$34.95 for The Pioneer Plan or The Steadfast Plan or \$39.95 for The Vanguard Plan will also be charged to my account.

Customer's Initials: _____. ←

I understand and agree that, there is a \$25.00 fee for returned payments and if HighTech Telecom, Inc. interrupts service for non-payment, there will also be a \$25.00 reconnection fee.

Customer's Initials: _____. ←

I understand that HighTech Telecom, Inc., will charge my account once a month three days prior to the anniversary date of my service activation. I also understand that if I choose to cancel my service, I must give three days notice prior to my service activation date. If cancellation notice is not provided in that timeframe, I understand that I will incur a service charge.

I also understand that by signing this document, I am approving a chargeback waiver, and agree that any and all disputes on charges or other costs incurred with High Tech Telecom, Inc. will be resolved through discussions with company management

Customer's Initials: _____. ←

I understand that the Multi Terminal Adapter (MTA) device is the sole property of HighTech Telecom, Inc. and that if I choose to discontinue my service plan that utilizes this device, I am obligated to return the item in the same condition it was received.

If, for any reason, the item is not returned to HighTech Telecom, Inc. within 30 days of discontinuing service or is returned damaged, I agree that I am liable for \$250.00 per MTA box.

I understand that my credit card authorization is binding to this agreement. If I pay for service by other than credit card, HighTech Telecom, Inc. has the right to implement whatever process is necessary with my bank or creditors to recoup the charges listed above.

Customer's Initials: _____. ←

YES, the Customer ACCEPTS ALL ABOVE TERMS and certifies that he/she is over 18 years old and is authorized to make this request.

Customer's Initials: _____. ←

**NOTICE: Page 1 & 2 of this order form MUST BE FAXED TO: 1-866-443-9231
For assistance in enabling service and billing inquiries, please contact:
HighTech Telecom Customer Service: 1-877 977-6748**

Please remember to keep a copy of your service agreement for your records.