

TTI National Service Order Form

Harvestline Online
Family Friendly Internet Service

PRIMARY BILLING TELEPHONE # _____
(----- Office Use Only -----)
IX Plus Account # _____ Charge Code

INTERNET DIAL ACCESS INFORMATION

Note: This section of the form should be completed by customers requesting Dial-up Internet access.

Standard Pricing Request for Dial-Up Internet Access <input type="checkbox"/> Standard Pricing Plan (default) 150 Hours local usage: \$16.95/month Additional hours of local access are \$.99 per hour	Product Quantity (please indicate internet software version/quantity for all users): Product Type: Internet Dial Software & Access Qty: _____ Internet Software Version (CD only): <input type="checkbox"/> 4.0 for Windows NT 4.0 <input type="checkbox"/> 4.01 for Windows 95 <input type="checkbox"/> 4.01 for Windows 3.X <input type="checkbox"/> 4.01 for Windows 98 Customer is subject to the Terms and Conditions contained in the TTI National, Inc. Internet Access Service Getting Started Guide.
<input type="checkbox"/> Check here if Multi-Location Form for Dial-Up Internet Access is attached. This form allows Dial-up Internet customers to have internet fulfillment package(s) sent to an address/subscriber other than the billing customer's address.	

Invoicing/Billing Method

Option One: Direct Invoice (default). Invoice will include all of the TTI National services provided to the customer.

Option Two: Credit Card Invoicing. Credit Card Invoicing will include all of the TTI National services provided to customer.

Choose One: MC VISA AMEX

Cardholder's Exact Name: _____

Card Number: _____ Expiration Date: _____

Authorized Credit Card Signature: _____ Date: _____

(Your signature indicates authorization of monthly charges to the above referred credit card)

LETTER OF AGENCY


By signing below, I am authorizing TTI National, Inc. (TTI) to become my new telephone service provider in place of my current provider, for the provision of the service or services I have designated. I authorize TTI to act as my agent to make this change happen, and direct my current provider, to work with the new provider designated above to effect the change. I understand that I must pay a charge of approximately \$5.00 per line to switch providers. TTI will issue a credit (not to exceed \$5 per line) upon customer request. If I later wish to return to my current telephone company, I may be required to pay a reconnection charge to that company. I also understand that my new telephone company may have different calling areas, rates and charges than my current telephone company, and that by signing below I indicate that I understand those differences (if any) and am willing to be billed accordingly.

I authorize TTI to provide the services I have designated to my telephone number(s) listed, and not others.

I understand that only one carrier may be designated as my interstate or interLATA primary interexchange carrier for any telephone number. To the extent that my state allows me to choose an additional primary carrier for intraLATA toll or local service, I understand that I may designate different carriers for each. I choose TTI to be my long distance carrier, which may include intraLATA traffic where available.

Service is provided pursuant to the applicable TTI tariff which may be amended from time to time, and is made part of this application. **I further understand that this offer is subject to credit approval and a security deposit may be required as a condition of the services.** I certify that the information on this application is correct, to the best of my knowledge. I accept responsibility for payment of all charges incurred.

AUTHORIZED SIGNATURE PRINT NAME DATE

 The Service Application must be signed by the person whose name appears in the "Customer Name" line or "Responsible Person" line, if different.