



**SIGN UP FOR:**  
*Unlimited*  
**Residential**  
**Telephone Service**  
**Package**  
**\$39.95**

**Features Include\*:**

<b>UNLIMITED</b> Local Calls	
<b>UNLIMITED</b> IntraLata, Zone & Toll	
IntraState & InterState	.049/min
Alaska, Hawaii, Puerto Rico	.049/min
Canada	12/min
L.D. Directory Assistance	1.50/call
Caller ID with Name	<b>INCLUDED</b>
Call Waiting	<b>INCLUDED</b>
Call Forwarding	<b>INCLUDED</b>
3 Way Calling	<b>INCLUDED</b>

\* Additional features available for additional charge  
 \* All Long Distance Calls billed in 6 second increments after First Minute  
 \* Prices Exclude Operator handled calls, customer dialed credit card calls & Directory Assistance calls

\* Please send or fax us completed form with copy of photo ID and credit card.

**Additional Features & Pricing**

- Automatic Callback \$5.00
- Voice Mail \$10.95
- Talking Call Waiting \$11.50
- Non-Published Number \$4.95
- Repeat Dialing \$5.50
- Privacy Manager \$3.95
- Install (per line)** 42.00
- Call Forwarding \$6.50
- Call Waiting Caller ID\*\* \$0.00

\*\* No additional charge if call waiting and caller ID with name are on the line.

**Optional Personal Toll Free Number**

- Monthly Service \$3.00
- IntraLata\* \$.065
- Intrastate \$.065
- Interstate\* \$.065

\* All calls billed in 6 second increments with a 30 second minimum  
 \* Taxes and surcharges not included  
 \* Subject to credit approval  
 \* Does not include inside wiring

**Subscription Form**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ MI Zip \_\_\_\_\_  
 Drivers License #: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_  
 Current Employer: \_\_\_\_\_  
 Work Address: \_\_\_\_\_  
 Work phone#: \_\_\_\_\_  
 Alternate contact #: \_\_\_\_\_

If you currently have **existing** telephone service, CMC **can** assumed those line number(s). Please list active **phone** number(s) you would like CMC to assume:

\_\_\_\_\_

**Terms and Conditions:**

I hereby authorize CMC Telecom, Inc. to provide residential telephone services as indicated. By signing I agree to a **one (1) year** term at the listed rates and understand that **if I terminate service prior to the end of this term I will be assessed a \$100.00 termination fee.** I also agree to automatic payment via the valid credit/debit card listed below and acknowledge I will have approximately two (2) weeks to view my bill and to pay by check or money order if I so choose.

\_\_\_\_\_

Please Print Name

Signature \_\_\_\_\_ Date \_\_\_\_\_

Card Number \_\_\_\_\_ (required) CID \_\_\_\_\_ Exp. Date \_\_\_\_\_



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