



**SIGN UP FOR:
ClearStream Combo
Residential Telephone
Service Package**

Calling Plan Features Include:

Residential Phone Line

400 Local Calls (Each Additional Call .08)
 Caller I.D. (number only)
 Call Waiting

Per Minute Charges*

Intra Lata	.059
Intrastate	.059
Alaska, HI, Puerto Rico	.254
Canada	.10
Long Distance Directory Assistance	1.50

For only
\$29.95
a month*

* Please send or fax us completed form with copy of photo ID and credit card
 *Based on a 1 year agreement

Additional Features & Pricing

- Caller ID w/name.....\$10.50
- Auto Callback.....\$5.00
- Voice mail.....\$10.95
- Talking Call Waiting.....\$11.50
- Non-published.....\$4.95
- Call Waiting Caller ID.....\$9.50
- Call Waiting.....\$7.00
- Repeat Dialing.....\$5.50
- Call Forwarding.....\$6.50
- 3-way Calling.....\$6.50
- Privacy Manager.....\$3.95
- Install per Line.....\$42.00

Optional Personal Toll Free Number

- Monthly Service.....3.00
- Intra Lata*..... .065
- Intrastate*..... .065
- Interstate*..... .065

* All calls billed in 6 second increments with a 30 second minimum
 * Taxes and surcharges not included
 * Based on a 1 year agreement

Subscription Form

Name _____
 Address _____
 City _____ MI Zip _____
 Drivers License _____
 Social Security # _____
 Current Employer _____
 Address _____
 Work Phone _____
 Alternate contact # _____

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

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 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 chose.**

Please Print Name _____

Signature _____ Date _____

Card Number _____ (required) Exp. Date _____

Complete form and mail or fax to:



51151 West Pontiac Trail, Wixom, MI 48393-2028
 (248) 668-2800 ~ Fax (248) 668-2812

Agent# _____