

Our Copy



Telecommunications Service Agreement

CUSTOMER INFORMATION

Ordered By / Title: Bruce Burke
 Customer Name: SmartNet
 Service Location: (IT Hotel) 3239 39th St SW
 City, State, Zip: Dickinson, ND 5860

PO Number: _____
 Phone: 701-483-3764
 Fax: 701-483-3764
 Type of Business: ISP

BILLING INFORMATION (If different from above)

Bill To: Deb Kerner
 Billing Name: SmartNet
 Special Billing Requirements: Yes No *If yes, attach separate sheet with description.*

Address: PO Box 454
 City, State, Zip: Dickinson, ND 58602

CUSTOMER SERVICE CONTACTS (If different from above)

Contact Name: _____
 Business Hours: _____
 24hr Contact: _____
 IdeaOne Maint. Period: _____

Phone: _____
 Contact Info: _____
 24hr Telephone #: _____

IdeaOne Requests 24 Hours Notice for Customer Maintenance

CURRENT TELEPHONE PROVIDERS

Local: _____
 Toll-Free: _____

Long Distance: _____



LETTER OF AGENCY

This document authorizes IdeaOne to request and receive data and billing information and act as Customer's representative for telecommunication. IdeaOne is authorized to notify Customer's local and long distance telephone companies regarding Customer's telecommunications choices as indicated above.

Quantity Ordered	Description of Service / Equipment	Contract Terms	Monthly Recurring Charge		Non-Recurring Charge	
			Unit	Total	Unit	Total
1	ISDN PRI	3 Yr.	110.00	110.00	N/A	N/A
1	ISDN Svc. Configuring		250.00	250.00	N/A	N/A
23	Standard 2-Way Trunks		19.00	437.00	N/A	N/A
1	Cross Connection		15.00	15.00	25.00	25.00
	Totals			\$812.00		25.00

The undersigned has read this agreement, including the terms and conditions on the reverse side, and by the signature below acknowledges and agrees to the terms and conditions contained herein.

CUSTOMER

By: Bruce Burke
 Authorized Representative
 Name: Bruce Burke
 Title: Manager
 Date: 6-10-01

IDEAONE TELECOM GROUP

By: _____
 Authorized Representative
 Name: Kathy Skramstad
 Title: Account Manager