

ACCOUNT INFORMATION

Total # Of Units:

CUSTOMER TYPE	BILL TYPE	TAX EXEMPTIONS
<input type="checkbox"/> Municipal <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State	<input type="checkbox"/> Standard <input type="checkbox"/> Phone Detail Option	<input type="checkbox"/> Federal Excise Tax <input type="checkbox"/> State Sales Tax <input type="checkbox"/> County Sales Tax
<input type="checkbox"/> City Sales Tax	<input type="checkbox"/> AL State Telecommunications Tax	<input type="checkbox"/> FL Local Telecom - City <input type="checkbox"/> FL Local Telecom - County

Contact me via email:

ACCOUNT TYPE
 New Customer
 Existing Customer -- Acct #

EXISTING FLEET INFO
Name of Customer Currently in Fleet -- Approval Required for sharing in any existing Government Fleet

Do Not Provision CrossFleet

Fleet # _____

SALES INFORMATION

Sales Person	Sales Rep Code	Email Address
Phone	Fax	LINC #
		Fleet
		Private ID

Sub-Agent Sales Person	Sub-Agent Sales Rep Code	Email Address
Phone	Fax	LINC #
		Fleet
		Private ID

AGENCY/ENTITY INFORMATION

Agency Name _____

Billing Authorization Name	Title
Phone	Fax

PAYMENT TYPE:

PO # _____

Credit Card Info: _____
(Provide the Credit Card # in the spaces above - Required)

Card Type: VISA M/C AMEX DISCOVER

Customer Signature (Required): _____

3 or 4 Digit Security Code: _____ COD

Expiration Date - Required: ____/____/____

ADDRESS INFORMATION:

Mailing Address Information - (Address for billing)

C/O (If Applicable)	Suite	Address	City	State	Zip Code	County
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Ship To Address Information

C/O (If Applicable)	Suite	Address	City	State	Zip Code	County
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Physical Address (Required if Mailing Address Is A PO Box)

C/O (If Applicable)	Suite	Address	City	State	Zip Code	County
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Taxing Address (Location Of Use - Required -- "Destination") City Limit Designator: Inside City Limits ("P") or Outside City Limits ("O")

C/O (If Applicable)	Suite	Address	City	State	Zip Code	County
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PURCHASED HARDWARE

# of Units	Item #	Item Description	Quantity	Unit Price	Total

IF SALES TAX EXEMPT, ATTACH A COPY OF EXEMPTION CERTIFICATE

Pre-Tax Total (Exclude Shipping & Tax) _____

Installation Cost _____

SERVICE PLAN DESCRIPTION	RATE CODE	MONTHLY ACCESS FEE	# OF UNITS

PACKAGE DESCRIPTION (PHONE, INSTANTLINC, ETC)	RATE CODE	MONTHLY ACCESS FEE	# OF UNITS	WIRELESS DATA ACCESS	RATE CODE	MONTHLY ACCESS FEE	# OF UNITS

FEATURES

Lite Voice Mail	Price	# of Units	Text Messaging 150	Price	# of Units
Basic Voice Mail	_____	_____	Text Messaging 500	_____	_____
Enhanced Voice Mail	_____	_____	Text Messaging Unlimited	_____	_____
Circuit Switched Data	_____	_____	Multi-Scan Talkgroups (MTSG)	_____	_____
Status Messaging	_____	_____			
Personal Toll Free Number	_____	_____			
Caller ID	_____	_____			

Wireless Internet Applications

MyLINC	Price	# of Units
MyLINC Office	_____	_____
iTRAK	_____	_____

DO NOT PROVISION ROAMING

Miscellaneous Plans/Promotions

Code	Description

By signing below, the Customer: (1) certifies that the information provided by or on behalf of the Customer in connection with this Agreement is true and complete; (2) agrees to all the terms and conditions of this Agreement, including those set forth on the reverse side of this page; and (3) authorizes Southern Communications Services, Inc., d/b/a SouthernLINC Wireless, to check the financial status and credit history of the Customer from any sources, listed and not listed, at any time to determine creditworthiness.

Authorized Representative (Print)	Title	Authorizing Signature	Date
_____	_____	_____	_____
Sales Person's Signature			Date
_____			_____