

VOICE SERVICES CONTRACT - PURCHASE

Erie County Land Bank



NAME: Christie
EMAIL: christie@eriecountylandbank.org
PHONE:
ADDRESS: 1230 Townhall Rd, Ste 500
Erie, PA 16509
TERM: 60 months

BY: Dylan Quinlan
PHONE: (716) 650-5650
FAX: (716) 650-5651
EMAIL: dquinlan@hovernetworks.com

QTY	TRAINING, INSTALLATION, CABLING & PORTING FEES	PRICE	TOTAL
1	Number Porting / Purchase	\$15.00	\$15.00
1	Installation, Configuration & Training	\$100.00	\$100.00
		SUB-TOTAL	\$115.00
		SALES TAX	\$10.06
		TOTAL UPFRONT COSTS	\$125.06

QTY	MONTHLY SERVICES	PRICE	TOTAL
1	Hover Premium User (*)	\$50.00	\$50.00
1	Number Registration	\$2.99	\$2.99
		SUB-TOTAL	\$52.99
		SALES TAX	\$4.64
		TOTAL MONTHLY SERVICES	\$57.63

* Includes Local, Long Distance & Canada. All Hover Networks Premium Users include up to 1500 minutes per user per month aggregated across the account. All Excessive minute usage will be billed directly to the customer at .02 cents per minute.

CUSTOMER AUTHORIZATION

I hereby agree to and authorize the purchase of Total Control service based on the terms & conditions (<http://www.hovernetworks.com/terms-of-service/>). Terms of Service: The use of Hover Networks services constitute acceptance and agreement to the Hover Networks AUP (Acceptable Use Policy) as well as the Hover Networks TOS (Terms of Service) Additional information regarding these documents can be located at website <http://www.hovernetworks.com>.

Customer Representative

Hover Networks, Inc. Representative

Signature: _____

Signature: _____

Print Name: Christie

Print Name: Dylan Quinlan

Title: _____

Title: Director of Sales

Date: _____

Date: _____

Letter of Agency and Number Porting List



Customer Name:	Erie County Land Bank	City:	Erie
Billing Address 1:	1230 Townhall Rd, Ste 500	State:	PA
Billing Address 2:		Zip Code:	16509

AUTHORIZATION
<p>For each of the telephone numbers listed herein. I hereby authorize Hover Networks, Inc. (hereinafter "Hover Networks") to act as agent to change my or my company's (hereinafter "CUSTOMER") existing telecommunications carrier(s) as described below and I represent that:</p> <p>I. I hereby authorize HOVER NETWORKS to change my local exchange service from XXX to HOVER NETWORKS.</p> <p>II. I hereby authorize HOVER NETWORKS to change my InterLATA Primary Exchange Carrier (PIC) from XXX to HOVER NETWORKS.</p> <p>III. I hereby authorize HOVER NETWORKS to change my IntraLATA Primary Exchange Carrier (PTC) from XXX to HOVER NETWORKS.</p>

NUMBER INVENTORY
The following telephone numbers should be ported to my HOVER NETWORKS VOIP service.
I UNDERSTAND THAT ANY NUMBERS THAT DO NOT APPEAR ON THIS LIST WILL NOT BE PORTED AND WILL NOT BE AVAILABLE FOR USE WITH MY TOTAL CONTROL™ SERVICE
1 BTN
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
* Main #, BTN, Fax, Alarm line, etc.
** Use additional LOA Form for Additional Numbers

Notes:

Customer Authorization	
I have read and understand the terms of this letter.	
Signature: _____	Title: _____
Print Name: Christie	Date: _____