

Date: _____

BRMEMC.net Internet Services

GA TERMS OF AGREEMENT FOR DSL

Toll Free: 866-427-6362 Fax# 706-379-3685

Please select one of the following DSL Packages for your Agreement:

BASIC DSL SERVICE • Basic Network Phone Support

BRMEMC Member Monthly Flat Rate	Basic DSL	Speeds Up To	Equipment/Activation Charges
<input type="checkbox"/> \$29.95 (Incl. Circuit and Data)	1 Year Contract	768K/128K	FREE DSL Modem & Activation
<input type="checkbox"/> \$39.95 (Incl. Circuit and Data)	1 Year Contract	1.5M/384K	FREE DSL Modem & Activation
<input type="checkbox"/> \$49.95 (Incl. Circuit and Data)	1 Year Contract	3.0M/768K	FREE DSL Modem & Activation

PREMIUM DSL SERVICE • All Premium Accounts Include 1 Dial-up Account* • Basic Network Phone Support

Monthly Flat Rate	Premium DSL	Speeds Up To	Equipment Charges
<input type="checkbox"/> \$59.95 (Incl. Circuit and Data)	1 Year Contract	3.0M/384K	FREE DSL Modem

STATIC IP ADDRESS OPTIONS

Static IP Package Price
<input type="checkbox"/> ★ Static IP \$99.95 (Incl. Circuit and Data)
<input type="checkbox"/> 5 IP Addresses (Block) call

ADDITIONAL SERVICES

Service Type	Price
<input type="checkbox"/> Website Hosting	CALL

ANTI- VIRUS SOFTWARE

Software / Plan (software included)	Price
<input type="checkbox"/> ViRobot or Norman Anti-Virus S/W	\$39.95 Plus Tax
<input type="checkbox"/> SERVICE PLAN / MONTHLY	\$5.95 Plus Tax

HARDWARE

Hardware	Price
<input type="checkbox"/> 10/100 Network Interface Card	\$39.95 Plus Tax

**Upon expiration, this Agreement will continue month to month until it is cancelled by either party. If you do not honor this term, then you will be liable for an early cancellation fee of \$99 for a 1 year agreement. A \$19.95 shipping and handling charge will apply to DSL order if kit is not picked up at BRMEMC.net office. Please refer to our TERMS AND CONDITIONS for additional information regarding this agreement.*

By signing below, you agree to be bound by the TERMS AND CONDITIONS available ON-LINE.

Signature: _____

Print Name: _____

Social Security#: _____

Date of Birth: _____

CUSTOMER INFORMATION

EMC Billing Acct# _____

DSL Phone: _____

Contact Phone: _____

Billing Address: _____
Street Name & Number City State Zip Code

(Physical) Shipping Address: _____
Street Name & Number City State Zip Code

*Requested

User Name: _____

Password: _____

Optional

Bill Monthly Charges on Credit Card: Visa Mastercard Other: _____

Name on card: _____ Card #: _____ Exp: _____

* 3-4 Digit Security Code: _____

Number of Phones used on DSL Line: (Including Satellite Dishes & Alarm Systems) _____

Up to 4 filters will be provided. If you need more than 4, the filters are \$5.00 each plus tax.