

NEXTEL | Subscriber Agreement: Customer Order

<input checked="" type="checkbox"/> I authorize Nextel to run my credit report.		Customer Initials:	Date:	Credit Application No.:	Deposit Amount / Unit: \$													
Account No.:				Order No.:	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Upgrade													
Account Name:	Phone No.:	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Major		<input type="checkbox"/> Corporate <input type="checkbox"/> Strategic <input checked="" type="checkbox"/> Government														
Address:	SSN / Tax ID:			Tax Exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(IF TAX EXEMPT, ATTACH CERTIFICATE)</small>														
Address:	DOB			State: IL	Exp. Date:													
City:	ST IL	Zip:	DRVR LI#	State:	Exp. Date:													
Email (Optional):	NEXTEL MAY CONTACT YOU REGARDING NEW OFFERINGS OR PROMOTIONS			ID No. 3 (if required):														
Shipping Option: <input type="checkbox"/> Overnight <input type="checkbox"/> 2-Day	Shipping Address: <input type="checkbox"/> Same as above <input type="checkbox"/> See Comments		Auth. Contact(s):		Phone No.:													
Qty.	Equipment	Equipment ID No.	Alias	Extended Price	Rate Plan or Service	Term # months	Services*						NPA / NXX or Phone No.	Monthly Total				
							C	DC	NDC	NOL	DP	NG			P			
				\$														
				\$														
				\$										\$				
				\$										\$				
				\$										\$				
				\$										\$				
				\$										\$				
Additional Order pages attached			Adjustment: _____	\$	Certain fees and assessments such as a Federal Programs Cost Recovery fee, Telecommunications Relay Service, and State and Federal Universal Fund assessments apply and may vary. Such fees and assessments are not taxes. They pay for government programs directly and Nextel's cost for complying with government programs.						Adjustment:	\$						
Services*: C: Cellular DC: Direct Connect™		NDC: Nationwide DC™ NOL: Nextel Online DP: Direct Protect	NG: Number Guard P: Wireless Local	Credit Deposit: No. Units _____	\$0.00	Visit www.nextel.com or call Customer Care at 1-800-639-6111 for more information.						Nextel Service Plan: No. Units _____	\$					
				Account Set-Up Fee	\$35.00							Other Charges (Taxes Excluded)						\$
				Shipping Charge								Federal Programs and Surcharges						\$ Varies
**I authorize Nextel to port my designated phone numbers																		
Total One-Time Charge (Taxes Excluded)				\$	Estimated Total Monthly Recurring Charge (Taxes Excluded)						\$0.00							
Point of Sale One-Time Charge: \$		Payment Type:		No.:	<input type="checkbox"/> Spending Limit Applies: I have received, read & understand the spending limit's terms & conditions													
Credit Card: <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> Discover <input type="checkbox"/> Diners		Card Name:		Wireless Local Number Portability			Desired Date / Time:											
Card / Bank No.:		Exp. Date / Account No.:		Wireless telephone numbers can be moved to other carriers without your permission. If you want Number GuardSM to delay movement of your telephone number(s) to another carrier while your permission is sought, please initial below. If you apply Number GuardSM to all the numbers on your account, Nextel will also apply it to any new numbers you add to your account. Number GuardSM is a free service that can be removed at any time by contacting Nextel at 1-800-639-6111. I Accept: _____			Auth. Name:			Carrier:								
Security Code		Service PO #:					Prev. Acct. No.:											
For any deposit made by check, Customer expressly authorizes Company to electronically debit customer's account for the amount of the check. The use of check for payment of the deposit represents Customer's acceptance of this provision of this Agreement. For any deposit made by credit or debit card, Customer expressly authorizes Company to charge or debit customer's account provided above.							Prev. Acct. Pswrd / PIN:											
							Prev. Billing Name:											
				Prev. Address: <input type="checkbox"/> Same as above <input type="checkbox"/> See comments														
Comments:				THIS AGREEMENT consists of the attached Customer Expectations Checklist; General Terms and Conditions, Plan Information, and this Customer Order. By signing below, the undersigned represents that: (1) he or she is at least 18 years of age and is legally competent to enter into this Agreement; (2) has received a true copy of the Agreement and has read and clearly understands the terms and conditions of the Agreement (including changes to terms or charges; limitations of liability and disclaimers of warranties as permitted by law; arbitration of disputes, early termination fees, and other important provisions; (3) if acting on behalf of an entity, he or she is fully authorized to legally bind the entity; and (4) if acting on behalf of a corporation, the execution of this Agreement has been authorized by all necessary corporate actions. The undersigned agrees to pay all charges if the entity or corporation listed under "Account Name" denies responsibility. The undersigned represents that all information provided is true and accurate.														
Sales Associate Name: Keasha Swapsy		Phone No.: (312) 863-7732																
Sales Manager/AR Name: James Dorsey		Agent Code: JCA5WGKX																
Customer Name:				Customer Signature:						Date:								