

Business DSL Internet Application



**133 Back Meadow Road, Nobleboro, ME 04555
(207) 563-9911**

Billing Information:

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Services Packages:	DSL Speed*	No Bundle**		State of Maine		Continental
Power Plus DSL	10M/2M	<input type="checkbox"/> \$57.95	or	<input type="checkbox"/> \$109.95	or	<input type="checkbox"/> \$119.95
Power DSL	10M/1M	<input type="checkbox"/> \$57.95	or	<input type="checkbox"/> \$109.95	or	<input type="checkbox"/> \$119.95
Super DSL	6M/1M	<input type="checkbox"/> \$47.95	or	<input type="checkbox"/> \$99.95	or	<input type="checkbox"/> \$109.95
Deluxe DSL	3M/1M	<input type="checkbox"/> \$42.95	or	<input type="checkbox"/> \$94.95	or	<input type="checkbox"/> \$104.95
Standard DSL	768k/768k	<input type="checkbox"/> \$37.95	or	<input type="checkbox"/> \$89.95	or	<input type="checkbox"/> \$99.95

*DSL speeds are distance sensitive. Not all plans are available in all locations.

Phone service is required for DSL service *State & Federal taxes and fees and surcharges not Included***

\$25.00 Processing fee + modem fee (includes taxes) must be included with this application

If mailing a check, please make checks payable to the company on your bill, as shown below:

Monthly fees will be billed by *Tidewater Telecom, Lincolntonville Networks* or *Lincolntonville Communications*

Would you like an email address with Tidewater Telecom? This is an optional service, please see below:

Email: Username: _____@tidewater.net
Additional email accounts may be added at mail.tidewater.net

Password: _____
Must be at least 5 characters plus one number

Installation Information:

Installation Date Requested: _____ (please allow 5 business days)

Phone number where DSL will be provided: _____

Service Location: _____

Daytime Contact Phone: _____

Contact Email Address: _____

**I agree to pay a \$99 fee* if DSL service is discontinued for any reason in the first year
I have read and agree to the DSL Service Agreement and CTS Terms and Conditions for Service**

Signature:

Name (Please Print): _____ Date: _____

By checking this box I agree that the printed name above constitutes my signature for the purposes of this form.

Must be 18 years or older

*This fee is required by the National Exchange Carrier Association (NECA)