



Fiber to the Premise (FTTP)-Business

Customer Information:

Name: _____

Physical Address: _____

Billing Address (if different): _____

City: _____ State: _____ Zip: _____

Home Number: _____ Cell # _____

2nd line Number, Fax: _____

Mobius FTTP Internet Service

____ 1.5 Meg \$40.00 ____ 5Meg \$60.00 ____ 10Meg \$80.00
____ 20Meg \$95.00 ____ 50Meg \$115.00 ____ 100Meg \$145.00

User Name _____ Password _____

2nd User Name _____ 2nd Password _____

Cobalt FiberTV packages

Element Package \$39.95 ____ Essential Package \$78.45 ____ Ultra Package \$89.95 ____
HBO \$19.95 ____ CineMax \$13.95 ____ Showtime \$13.95 ____ Starz & Encore \$13.95 ____
Wholehome DVR _____ # OF STB'S _____ Protection Plan \$5.95 _____

Mobius Long Distance Plans

___ **\$25 Unlimited Plan** - Talk all you want, anywhere in USA for just \$25 per month.

___ **250 Plan** - 250 minutes for \$15 per month anywhere in USA - Any Minutes over 250 are billed at \$.10 per minute

___ **Hi5 Long Distance Plan** - 100 minutes per month anywhere in USA for just \$5 per month. Any minutes used over 100 are \$.10 per minute.

___ **10 Cents a Minute Plan** - All calls are \$.10 per minute anywhere in USA with no monthly service charge.

I certify that I am at least 18 years of age. The phone number(s) listed on this Authorization are listed in my name and/or I am authorized to change the preferred carrier for each of the Services requested above. My signature on this form authorizes Mobius Communications Company to act as my agent to change my current carrier to Mobius Communications Company and to use my account information to do so for those Services. I understand that I may designate only one primary carrier for each of the Services requested above; that there may be a fee charged to change the Service(s); and that I may consult with the appropriate carrier to determine if a fee applies to this change. I understand that no change will take place without my signature; and if I choose not to change my telephone company, my current company will continue to provide service without interruption.

Printed Name _____ Date _____

Signature **X** _____ SSN _____

1 Year contract commitment for Phone Service _____ (initial here)

2 year contract commitment for Internet Service _____ (initial here)

523 Niobrara Ave. * Hemingford, NE 69348 * 308-487-5500

Fax: 308-487-5700 * info@bbc.net

4/24/17

Mobius Fiber Business Phone Line = \$27.50, with taxes and fees = \$43.50

Optional Calling Features:

Check the optional telephone features you want to activate:

<input type="checkbox"/> - 3 Way calling	\$1.50 per month
<input type="checkbox"/> - Selective Call Rejection	\$2.00 per month
<input type="checkbox"/> - Call waiting	\$1.50 per month
<input type="checkbox"/> - Call forwarding	\$1.50 per month
<input type="checkbox"/> - Call forward -Busy	\$1.50 per month
<input type="checkbox"/> - Call forwarding –Variable	\$1.50 per month
<input type="checkbox"/> - Call Forward- Don't Answer	\$1.50 per month
<input type="checkbox"/> - Selective Call forwarding	\$2.00 per month
<input type="checkbox"/> - Wire Maintenance	\$4.00 per month
<input type="checkbox"/> - Toll Restrict	FREE
<input type="checkbox"/> - Additional Directory Listing	\$.50 per month
<input type="checkbox"/> - Caller ID Name & Number	\$4.00 per month
<input type="checkbox"/> - Anonymous Call Rejection	\$2.00 per month
<input type="checkbox"/> - Automatic Callback/Last Call Return	\$2.00 per month
<input type="checkbox"/> - Automatic Recall/Continuous Redial	\$2.00 per month
<input type="checkbox"/> - Distinctive Ringing/Custom Ringing	\$3.00 per month
<input type="checkbox"/> - Voice Mail	\$2.00 per month
<input type="checkbox"/> - Telemarketing Block	\$2.00 per month
<input type="checkbox"/> - Speed calling (8 pre selected numbers) (30 pre selected numbers)	\$2.00 per month

Please note: Prices & Services subject to change
Adding features and other Mobius products will cause taxes to change.
A \$5.00 order fee will be assessed when new features are added to the line.

* Do you currently qualify for Nebraska Telephone Assistance Program?
Yes or No

***I HAVE RECEIVED THE INFORMATION REGARDING MY RIGHTS OF CPNI (CUSTOMER PROPRIETARY NETWORK INFORMATION) YES _____ NO _____**

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