



Master Service Agreement #: \_\_\_\_\_

Service Term (Months): 36 Months

<b>Customer Information</b>			
<b>Business Name:</b>	Bristol Health		
<b>Billing Address:</b>	935 Orem Blvd		
<b>City:</b>	Orem	<b>State:</b>	UT
<b>Office Phone#:</b>	801-903-5903		
<b>Authorized Person:</b>	_____		
<b>Title:</b>	_____		
<b>Installation Address:</b>	_____		
<b>City:</b>	_____	<b>State:</b>	_____
<b>Zip:</b>	84058		
<b>Mobile Phone#:</b>	_____		

<b>Ethernet Private Line:</b>	<b>Ethernet Port Type:</b>	<b>Bandwidth:</b>	<b>USP</b>	<b>QTY</b>	<b>Unit Cost</b>	<b>MRC</b>	<b>NRC</b>
Ethernet	GigE		Assign New			\$ -	\$ -
<b>A Location:</b>	_____						
<b>Z Location:</b>	_____						

<b>Internet:</b>	<b>Ethernet Port Type:</b>	<b>Bandwidth:</b>	<b>USP</b>	<b>QTY</b>	<b>Unit Cost</b>	<b>MRC</b>	<b>NRC</b>
Ethernet	GigE		Assign New			\$ -	\$ -
IP Address						\$ -	\$ -

<b>Voice Products:</b>	<b>USP</b>	<b>QTY</b>	<b>Unit Cost</b>	<b>MRC</b>	<b>NRC</b>
SIP Type <input type="checkbox"/> PRI <input type="checkbox"/> Analog <input type="checkbox"/> Native				\$ -	\$ -
SIP Type <input type="checkbox"/> PRI <input type="checkbox"/> Analog <input type="checkbox"/> Native				\$ -	\$ -
DID's (PRI & Native SIP)				\$ -	\$ -
Market Expansion Line Service				\$ -	\$ -
Directory Listing (First one included)				\$ -	\$ -
Inter/Intra Long Distance				\$ -	\$ -
Toll Free Numbers				\$ -	\$ -
Toll Free Long Distance (Required with Toll Free)				\$ -	\$ -

<b>Hosted Voice:</b>	<b>USP</b>	<b>QTY</b>	<b>Unit Cost</b>	<b>MRC</b>	<b>NRC</b>
Hosted Service Type	HOSTED ETHERNET SERVICE (\$10/mo)	EN499	1	\$ 10.00	\$ 10.00 \$ -
Hosted Handset Type	HOSTED HANDSET - Basic (\$8/mo)	EN523	5	\$ 8.00	\$ 40.00 \$ -
Hosted Handset Type					\$ - \$ -
Hosted Power Supply (Required without PoE Switch)					\$ - \$ -
Hosted Communicator					\$ - \$ -
Hosted 911 (Required with all Hosted Service)	EN 911@ 1.50EA	ENP08	5	\$ 1.50	\$ 7.50 \$ -
Hosted Voicemail	HOSTED VOICEMAIL (\$2/mo)	ENP03	5	\$ 2.00	\$ 10.00 \$ -

<b>Additional Services:</b>	<b>USP</b>	<b>QTY</b>	<b>Unit Cost</b>	<b>MRC</b>	<b>NRC</b>
	Assign New			\$ -	\$ -
	Assign New			\$ -	\$ -

<b>Discounts / Promotions</b>	<b>QTY</b>	<b>Unit Cost</b>	<b>MRC</b>	<b>NRC</b>
			\$ -	\$ -

<b>Total</b>	<b>MRC</b>	<b>NRC</b>
	\$ 67.50	\$ -

<b>Directory Listing</b>	<b>Notes:</b>
<b>Business Name:</b> Bristol Health	<b>Port# 801-903-5903/Sold and Installed by Jeremy Roos</b>
<b>Billing Address:</b> 935 Orem Blvd	
<b>City:</b> Orem <b>State:</b> UT <b>Zip:</b> 84058	
<b>Office Phone#:</b> 801-903-5903 <b>Non-Published:</b> <span style="color:red">Select One</span>	
<b>Vendor Contacts</b>	
<b>Phone System:</b> _____ <b>Company:</b> _____	
<b>Contact Name:</b> _____ <b>Contact Phone:</b> _____	
<b>Contact E-mail:</b> _____	
<b>Network Admin:</b> _____ <b>Company:</b> _____	
<b>Contact Name:</b> _____ <b>Contact Phone:</b> _____	
<b>Contact E-mail:</b> _____	
<b>Network Notification Services:</b>	
<b>E-mail:</b> _____ <b>TXT:</b> _____	

**Customer Agreement**  
 The above named Customer hereby orders the Services shown herein for the costs and term indicated above subject to the terms and conditions of the Master Service Agreement (MSA) between Customer and Central Utah Telephone (CentraCom). The person executing this Service Order hereby swears and warrants by his/her signature affixed hereon that s/he is duly authorized and has the full legal capacity to order said Services on behalf of Customer and to contractually bind Customer to the costs and terms of this Service Order. This Service Order, its attachments and Customer's related MSA and Service Level Agreement (SLA) together comprise the entire agreement of the parties in regard to the Services ordered by Customer under Service Order and there are no other agreements or representations of the parties of any kind that are contingent hereto or that are not expressly stated herein. This Service Order shall become binding only upon written acceptance by an officer of CentraCom authorized to endorse and accept such Service Orders. By executing this Service Order, Customer acknowledges that it has read the attached MSA and SLA and agreed to be bound by the terms and conditions thereof.

Initial Payment/Deposit \$ \_\_\_\_\_ due \_\_\_\_\_ upon order.  
 Balance of NRC due \_\_\_\_\_ upon commencement of Services.  
 Other (explain below), MRC due upon receipt of invoice.

**Customer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Sales Agent:** \_\_\_\_\_ **Date:** 12/5/2016  
**Customer Title:** \_\_\_\_\_ **CentraCom Acceptance:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Customer E-Mail:** \_\_\_\_\_

**For Official Use Only:**  
**Entered By:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Account #:** \_\_\_\_\_ **Service Order #:** \_\_\_\_\_