PW022702-13

BLACK HILLS FIBERCOM
609 Kansas Ave., Rapid City, SD 57702 (605) 721-3000

AGREEMENT # No 4798 EFFECTIVE DATE _____

SERVICE AGREEMENT

CUSTOMER INFORMATION

Ordering Information
ORDERED BY _____ PO NUMBER 394-4139 DATE 2-12-2002
COMPANY City of Rapid City PHONE 394-6161 FAX 394-1879
STREET 235 Waterloo TYPE OF BUSINESS _____
CITY, STATE, ZIP Rapid City, SD 57701

Billing Information
COMPANY NAME City of Rapid City PHONE 394-4139
BILL TO Jean Carlson FAX _____
STREET 300 6th St CITY, STATE, ZIP Rapid City, SD 57701
E-MAIL ADDRESS _____

Credit Information
BUSINESS CUSTOMER SOLE PROPRIETORSHIP PARTNERSHIP (CORPORATION) FEDERAL TAX ID _____
YEARS IN BUSINESS ____ BANK NAME _____ CONTACT _____ PHONE _____
TRADE REFERENCE _____ PHONE _____ TRADE REFERENCE _____ PHONE _____
TRADE REFERENCE _____ PHONE _____ TAX EXEMPT-FEDERAL/STATE/LOCAL TE # _____
INDIVIDUAL SS# _____ CREDIT SCORE _____

Service Information Summary
MOVE ADD TO REFERENCE AGREEMENT # _____
(NEW INSTALL) REPLACE COMMENTS _____
PRODUCT TYPE LOCAL SWITCHED DEDICATED (INTER) LONG DISTANCE OTHER REQUESTED SERVICE DATE _____

Service Contacts
NAME _____ PHONE _____ PHYSICAL ADDRESS: ROOM, FLOOR _____
NAME _____ PHONE _____ STREET _____
TEST TURN UP PAGER # _____ BUILDING ACCESS PAGER # _____

PROVIDERS
CURRENT SERVICE PROVIDER _____ CURRENT EQUIPMENT PROVIDER _____

SERVICES (CABLE TELEPHONE (DATA) VIDEO)	LENGTH OF TERM	QUANTITY	TOTAL CHARGES* (RETAIL)	(RECURRING)	FORMS ATTACHED
512K T1.5	36 months	1	$550.00	$220.00	
OTHER SPECIAL SERVICE REQUEST					
TOTAL AGREEMENT			$550.00	$220.00 + Taxes	

*All charges are exclusive of federal line charges and all applicable taxes

CUSTOMER RESPONSIBLE FOR CANCELLATION OF CURRENT CARRIER SERVICE. IF YES, CUSTOMER INITIALS _____

SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE HEREOF

X AGREED BY _____ (CUSTOMER) X TITLE _____ DATE _____

AGREED BY _____ (BLACK HILLS FIBERCOM) TITLE _____ DATE _____

SALES REPRESENTATIVE _____ (BLACK HILLS FIBERCOM) CODE _____ PHONE # 721-2022 DATE 2-12-02

CREDIT CHECK _____