

**TELEPHONE SERVICE
ORDER FORM**

Date _____

PLEASE TYPE OR PRINT ALL ENTRIES. THIS FORM MUST BE FILLED OUT COMPLETELY.

IMPORTANT: In order to insure having service on the date desired, this application and payment must be received 15 days prior to the requested service date.

LINE SERVICE

QTY.	TYPE OF LINE	PRICE	TOTAL
_____	Local Line(s) (Local and Long Distance calling)	\$150.00 plus usage	_____

TELEPHONE RENTAL

_____	Single Line Telephone(s)	\$5.00	_____
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TOTAL DUE BEFORE USAGE (IF APPLICABLE) _____

This form may be filed electronically by going to DeVosPlace.org, or you may mail or fax it to:

DeVos Place
303 Monroe Ave NW
Grand Rapids, MI 49503
TEL. (616) 742-6500
FAX (616) 742-6590

Internal Use Only:

Date Order Rec'd _____
Ext(s) Assigned _____

Please note: Orders received during the event set-up will require a \$25 service charge.

REQUESTED DATE FOR CONNECTION _____ (INSTALLATION TO BE COMPLETED BY 5 PM ON THE DATE REQUESTED)

WILL YOUR LINE BE USED WITH A MODEM? YES NO

WE RECOMMEND THAT YOU CONTACT THE OPERATIONS DEPARTMENT PRIOR TO THE EVENT FOR A CONFIGURATION IF YOU PLAN TO USE DIGITAL LINES, MULTI-BUTTON SETS, OR HAVE OTHER ENHANCED SERVICE REQUIREMENTS.

YOU MUST DIAL 9 FIRST FOR AN OUTSIDE LINE. IF USING A CREDIT CARD MACHINE YOU MIGHT NEED TO PROGRAM THAT IN BEFORE ARRIVING ON SITE.

<p>IMPORTANT: Credit cards are the only accepted form of payment. Your card will be charged within 5 days of completion of the event. Call detail reports will be faxed upon request.</p>	<input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> American Express
	Credit Card # _____ <div style="text-align: right;">Exp. Date _____</div>
	Card Holders Name (PRINT) _____ Authorized Signature _____

Event Name	
Firm Name	Event Dates _____ Booth# _____
Address	Telephone # _____
City, State, Zip	Fax # _____
Signature	Contact Name _____