

Order Form (Effective SFY04)



Billing Institution/Agency _____
 Billing Contact _____ Title _____ FEI or SSN _____
 Billing Contact E-mail Address _____
 Billing Address _____
 City _____ State _____ Zip _____
 Phone# _____ Fax# _____

REQUESTED CIRCUIT DUE DATE:

(NOTE: Please consider your LAN status when requesting Circuit Due Date as billing begins when circuit is made operational by OneNet staff.)

OneNet Services	Quantity	Monthly Rate	Annual Rate	Service Connection Fee	Totals
Single User Dial-Up Annual		N/A	\$180	\$15	

56K Dedicated Circuit		\$263	\$3,156	\$350	
T1 Dedicated Circuit		\$514	\$6,168	\$1,100	
Data DS3 Dedicated Circuit		\$3,510	\$42,120	\$22,000	
Ethernet 10Mbps Dedicated		\$2,033	\$24,396	\$1,600	
Fast Ethernet 100Mbps Dedicated		\$2,300	\$27,600	\$6,600	
OC3 Dedicated Access		\$5,000	\$60,000	*ICB	
Gigabit Ethernet		*ICB	*ICB	*ICB	

OneNet Services for Telemedicine

T1 Dedicated Circuit (Data only)		\$514	\$6,168	\$1,100	
T1 Dedicated Circuit (Video & Diagnostic)		\$800	\$9,600	\$2,100	

*ICB=Individual Case Basis

Signature of Authorized Administrative Representative _____ Date _____