

Final proposal for City of Gahanna



** PLEASE PASTE ONTO AGENCIES LETTERHEAD

Customer Account Number	NEW
Customer Agency Name	CITY OF GAHANNA
Cage Code	1MTE8
Duns#	959919366
Tin#(Tax Id)	52-1653244
Legal Name:	Nextel Communications of Mid- Atlantic
Business Name:	Nextel Communications, Federal Government Accounts Program
Payment Address:	75 Remittance Drive ste 1819, Chicago, IL 60675-1819
Contract Address:	1505 Farm Credit Drive 4th floor, McLean,VA 22102(do not direct payments to this address)

EFT Data:				
Financial Institution	Chase Manhattan Bank			
Address:	1 Chase Manhattan Plaza, New York, NY 10081			
ACH Coordinator:	Lynette Sandoval-Nolan - 813-881-8550			
Routing Transit Number:	021000021			
Depositor Account Title:	Nextel Finance Company (EFT)	Customer Billing Address:		
Depositor Account Number:	323113257		CITY OF GAHANNA	
Account Type:	Checking		200 S HAMILTON RD	
Contract Vehicle			GAHANNA OH 43230	
Purchase Order #	N/A	Customer Shipping Address:		
Contract Date:	01-Oct-03		CITY OF GAHANNA	
GAE Name:	Beth Brown		200 S HAMILTON RD	
Contract is Valid Through:	1 year from date of activation		GAHANNA OH 43230	

EQUIPMENT: - % Discount - off Corporate or National Pricing					
Type of Equipment	Equipment Description	Quantity	SLE Cost	Monthly SLE Total	Yearly SLE Total
i60c	New Activation - based on 15+	53	\$ 9.99	\$ 529.47	
NTN9687	Plastic holster	53	\$ 13.49	\$ 715.02	
Activation	1 time fee - 1 year		\$ 70.00	\$ 70.00	
Sub Total				\$ 1,314.49	\$ -
shipping	fee is based on quantity ordered			\$ 50.00	\$ -
GRAND TOTAL				\$ 1,364.49	\$ -

SERVICE: - 10% Discount - off Corporate or National Pricing					
Rate Plan	Plan Description	Quantity	SLE Cost	Monthly SLE Total	Yearly SLE Total
Nextel National Shared 200	see Rate guide for details	53	\$ 44.99	\$ 2,384.47	\$ 28,613.64
	at 53 units / 10,600			\$ -	\$ -
	cellular minutes (aggregate)			\$ -	\$ -
Text messaging	100 one-way text messages/unit	10	\$ -	\$ -	\$ -
**Variables				\$ -	\$ -
Long Distance	Included in plan			\$ -	\$ -
411 Charges	\$1.29/call plus airtime			\$ -	\$ -
Cellular Overages	\$.35/minute			\$ -	\$ -
Telecom Overages	call forwarding			\$ -	\$ -
Dispatch Overages	\$.15/minute for group calling Unlimited Private Call			\$ -	\$ -
Text messaging Overages	\$.10/message			\$ -	\$ -
Miscellaneous	Nationwide Direct Connect			\$ -	\$ -
Grand Total				\$ 2,384.47	\$ 28,613.64

Yearly Contract Amount \$ 28,613.64

(FCC surcharge) will be billed in the future at 3cent per unit. (Customers will be notified when charged)

***Variables: Long distance, airtime overages,radio overages, and 411 charges:*

Charges are generated at bill time. Please include additional funds to coverage these expenses .

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The person or entity described above(the"Customer") applies and hereby subscribes for wireless telephone service and, if selected customer, certain data, information and email services provided by Nextel Communications and/or the purchase of phones, accessories and other items (the "Equipment") from the Company, and has read, understands, agrees to and hereby accepts the rate plans, charges, the terms and conditions of this form and the Nextel General Terms and Conditions that are a part of the Subscriber Agreement. If the Nextel General Terms and Conditions are not attached to this Subscriber Agreement, Customer should obtain a copy from Company's representative and review carefully before signing this Subscriber Agreement. Customer agrees to all charges noted withing this Agreement and also agrees to make payment via Check, Credit Card, EFT or EDI within 30 days of the date of Invoice and make payment in full.

Customer Name: _____

Customer Signature: _____

Beth Brown

Sales Rep Signature: _____

Proposed pricing expires 9.30.2003

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Subscriber Agreement

Delivery Method: SOH Submarket: SOH Landline NPANXX: Gahanna / Columbus
 Page: 1 OF 1 BANN: GOVT Business Entity: GOVT
 Sales Source: New Client Office #: 614.559.4200 CPNI: Yes No

Sales Associate Name: Chad South Dealer Code: 614.554.6230
 Business Individual (Check the box of the entity legally responsible for the payment of this account. The credit check will be performed on this entity.)

Customer Name: CITY OF GAHANNA Billing Address: 200 S HAMILTON RD
 Credit Address: 200 S HAMILTON RD City: GAHANNA State: OH Zip: 43230
 Credit Address: 200 S HAMILTON RD City: GAHANNA State: OH Zip: 43230

City: GAHANNA State: OH Zip: 43230 Billing Contact: ANGEL MUMMA Hamilton
 County: FRANKLIN Billing Contact: ANGEL MUMMA Phone: 614.342. FAX
 Tax ID or Social Security #: N/A Date of Birth: N/A Email: N/A

Valid ID or Drivers License #: N/A State: N/A Shipping Address: 200 S HAMILTON RD
 Tax Exempt (Attach Certificate) Tax ID #: N/A City: GAHANNA State: OH Zip: 43230
 Additional Authorized Contacts: ANGEL MUMMA Pascode: 43230

Name: ANGEL MUMMA Name: ANGEL MUMMA Signature: Signature
 Exp. Date: Authorization #:

# of Units	Price Plan & Service Orders (SOCS)	Promo Code	Discount	Per Unit	Monthly Total	# of Units	Product Description	EQUIPMENT/ACCESSORIES			
								Discount	Install Price	Unit Price	Extended Price
53	National Shared 200		0%	44.99	2,384.47	53	160c	0%	9.99	529.47	
10	100 Text Messages		100%	0.00	0.00	53	plastic holster NTN9687	0%	13.49	715.02	
1	Multi - Unit Activation Fee		0%	70.00	70.00			0%			
			0%					0%			
			0%					0%			
			0%					0%			
			0%					0%			
Total									\$2,454.47		

See Rate guide for details ** 1 year service term required

Subtotal	\$1,244.49
Tax % 0.00%	\$0.00
Trade In Credit	
Program/Install Fee	
Shipping	\$50.00
Tax	
TOTAL	\$1,294.49
Tax ID	

Direct Protect (You have received, read and understood the terms and conditions of this one-year program (1) There is a 30-day waiting period (frankel specific), (2) penalty for early cancellation, and (3) an automatic renewal unless notified by the customer.)
 (Customer Initials) Accept Decline

Monthly Service Plan (MSP) (You have received, read and understood the terms and conditions of this one-year program (1) There is a 30-day waiting period (frankel specific), (2) penalty for early cancellation, and (3) an automatic renewal unless notified by the customer.)
 (Customer Initials) Accept Decline

Nextel Business Network (NBN) (Periodically Nextel or its vendor may publish and distribute a NBN phone number of the customer's account listed in the Billing Information provided on this form. This information may also be used for other purposes. Nextel and its vendor will not be held responsible for verifying the accuracy of the information provided by the customer.)
 (Customer Initials) Accept Decline

All Failure to affirmatively accept Direct Protect will be deemed denial of coverage by customer. Activation of Direct Protect coverage after the initial sale and delivery of equipment may be subject to a 30-day coverage.

Services authorization is the person or entity designated above (the "Customer") applies and hereby subscribes for wireless telephone service and, if selected by Customer, certain data, information and email services (collectively, "Service" or "Services") provided by Nextel Communications or an affiliated entity (the "Company") and/or the purchase of equipment and the purchase of equipment and services that all information is true and correct. Customer understands that Company will verify Customer's bank references (and authorize that the above named institutions to disclose information of the named accounts) and perform a credit history check utilizing standard commercial credit. Customer has read, understands and agrees that a \$200 cancellation fee per unit will be charged to customer for cancellation within the service term as stated in Section 2 of the terms and conditions of this Agreement, if a one or two year service term is selected above.

Customer Signature: Title: Date: 09/10/03 Time:
 Customer: V#91101) E-mail: Phone:
 Sales Rep Signature: Manager's Signature: Beth Brown

