



Account Setup Form

Customer Account #:

CUSTOMER INFORMATION		
Customer Name: Lexington-Fayette Urban County Government	d/b/a:	
Street: 200 E. Main St.		
City: Lexington	State: KY	Zip: 40507
Phone: 859-280-8059	Fax:	
Primary Contact Name: Doreen Birkholz	Email Address: dbirkhol@lexingtonky.gov	
Billing Contact Name:		
Billing Contact Phone Number:	Email Address:	
Invoice Delivery Options (please check only one): Paper Only (\$5.00 fee for paper invoices) <input type="checkbox"/> Paper & Email <input type="checkbox"/> Email Only <input checked="" type="checkbox"/>		
Pay by Credit Card: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Monthly Service & Camera System Fee		
Service	Quantity	Rate
VIDEO CONFERENCING		
Easy Meeting (3) seats	1	\$297.00/mo

Terms and Conditions

- Terms of Use:** Signing this form confirms that you agree with the service agreement and product warranty: <http://www.selectcommunications.com/easy-meeting-services-end-user-license-agreement/>
- Monthly Commitment: \$297.00**
- Term: 12 month term**

CUSTOMER:

Signature: _____

Name: _____

Title: _____

Date: _____