SpectrumVoIP™

Service / Equipment Proposal

(NOT A CONTRACT--BUT AN INDICATION OF INTEREST)

Consultant: Victor Perez
Phone: 469-445-0588
Email: vperez@spectrumvoip.com
Proposal Date:

Business Name: City of Green Cove Springs
Service Address: 321 Walnut Street
City: Green Cove Springs State: FL Zip: 32043
Contact Name: Angel Alicea
Contact Email: aalicea@greencovesprings.com

Main: 904-297-7500 X3303
Direct:
Cell:

SpectrumVoIP™ Service Charge

Product	Qty	List Price	Price per Unit	Total
Hosted Voip service package	1	$40.00	$20.00	$20.00

SpectrumVoIP™ Equipment Charge

Product	Term	Qty	List Price	Price Per Unit	Total
Hosted Voip Seat with Grandstream 2615	66	85			$1,330.00
Faxing Service with Fax Adapter	66	7			
Grandstream Expansion Modules for Model 2615	66	4			
Yealink A30 Video Collab Kit	66	1			

First 6 months of service deferred to $0.00 per month. No upfront cost for phones and onsite installation. No cost for U.S. based Tech Support and Unlimited Training.

SpectrumVoIP™ Monthly Total

Subtotal:	$1,350.00
Sales Tax:	$0.00
Carrier Cost Recovery Fee:	$3.50
FUSF:	$5.04
E911 Fee:	$3.90
***Total MRC:	$1,362.44

*SpectrumVoip will pay customer up to $ _____0.00_____ for Early Termination Fee. **Customer Initials**_____

*SpectrumVoIP is unaffiliated with Charter/Time Warner/Spectrum Business. **Customer Initials**_____

*Desired Install Time Frame (average time for 20 or less phones 3-4 weeks) **Date ASAP**

*Current Phone Provider _____ Star2Star _____

*Toll-free numbers are billed per minute at $.029 per minute and have a 100-minute minimum per month of $2.90

*By signing this quote, Customer agrees to the Terms of Service found at https://www.spectrumvoip.com/privacy-terms/

Applicant warrants all credit and financial information submitted to SpectrumVoIP and /or its assignees to be true and accurate and hereby authorizes all banking institutions and credit reporting agencies to release information via telephone, mail, internet, or facsimile as requested for the purpose of making a credit decision. The undersigned individuals specifically authorize SpectrumVoIP and/or its assigns to obtain personal credit bureau and/or personal income tax records, for the making, extension, or renewal of this credit decision or collection of the resulting account. A fax or photocopy of this authorization shall be as valid as the original.

Signature: _____ Date: _____

Signer's Printed Name: _____ Signer's Title: _____

Federal Tax ID: _____ Social Security Number (Less than 4 yrs) _____

Name listed with the Sec of State: _____