Business Services Order Form

Customer Name Polk County a Political Subdivision of the State of Florida			a Today's Date 08/09/2024 11/5/25
Billing Address	330 W Church St		
City / State / ZIP	Bartow, FL 33830		
В	illing Contact Information		Authorized Contact Information
Full Name	Jessica Lopez	Full Name	Michael Lang
Email Address	jessicalopez@polk-county.net	Email Address	michaellang@polk-county.net
Phone Number	863-534-7500	Phone Number	863-534-7570

Service Location					
Location A (DIA. L2 EVPL/MPLS)			Location Z (L2 EVPL/MPLS)		
Service Address	2135 Marshall Edwards Dr	Service Address	1890 Jim Keene Blvd		
City / State / ZIP	Bartow, FL 33830	City / State / ZIP	Winter Haven, FL 33880		

	Serv	ice			
		Unit Price	Service Term (Months)	Service Charges Taxes & Fees Not Included	
Service Description	QTY			Monthly Charge	Nonrecurring Charge
Dark Fiber – 6 Fibers	1	\$1850.00	120	\$1850.00	\$350,000.00
			Totals	\$1850.00	\$350,000.00
9		70			

Special Conditions

TERMS & CONDITIONS: By signing and submitting this form, Customer hereby agrees to be bound by the dedicated Master Service Agreement attached hereto as Exhibit "A" and fully incorporated herein. The Services specified herein shall commence upon the Service Commencement Date set forth below and continue until expiration of the Service Term set forth above.

Customer Authorized Signature	KwiKom Authorized Signature		
Signature	Signature	Mahel & Bry	
Printed Name	Printed Name	MICHAEL L. BRIGMAN	
Title	Title	MICHAGE L. BRIGHAN Chief Operating Officer	
Date	Date		

KwiKom Use Only				
Date Received	Account Number			
Service Commencement Date	Contract Number			