



September 25, 2019

Effective immediately, SonicNet is pleased to offer special pricing for low-income households, called *A4E (Access for Everyone)*. This document provides information specific to the SonicNet A4E service.

### **Subscriber Eligibility**

Subscriber, or prospective Subscriber, may provide proof of eligibility at any time by providing the QUEST card issued by the state of Wisconsin or the SNAP card issued by the state of Michigan for review to the installation team at the time service is installed or by presenting it at our Eagle River office during regular business hours. Subscriber will sign an A4E Add-on Agreement, either hardcopy or electronic, stating that he or she is the head of household, that the SonicNet account will be listed in his or her name, and that the QUEST or SNAP card is active and valid at the time of application. This information may be verified, at SonicNet's discretion, with the applicable state agency. Pricing is not retroactive, but will begin with the next billing date following proof of eligibility.

### **Terms Specific to SonicNet A4E**

SonicNet will provide to the Subscriber the Family Residential Service package at a monthly price of \$30 plus sales tax. In addition, the Setup (or Installation) Fee will be split so that it can be paid over two months' time rather than all at once.

Subscriber must provide SonicNet with a credit or debit card for automated payments, and the payment date for monthly recurring fees can be selected by the Subscriber any day between the 1st and 15th of the month.

This service is provided specifically to the applicant named in the A4E Agreement, and is not transferable. All other terms in the SonicNet *Terms of Service*, which is provided to and e-signed by the Subscriber once an installation date has been scheduled, apply.

## SonicNet A4E Add-on Agreement

I, \_\_\_\_\_, accept the Terms for SonicNet A4E service and confirm with my signature below that I am currently eligible to participate in the Quest (Wisconsin) or SNAP (Michigan) food assistance program for my household at the address where SonicNet service is provided. In addition, I understand that SonicNet's *Terms of Service* shall apply for all other matters regarding my subscription to and use of SonicNet's service. This Agreement and A4E service is not transferable to other parties.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Credit or debit card number: \_\_\_\_\_ Exp date: \_\_\_\_\_ CSV: \_\_\_\_\_

Billing address if different from above: \_\_\_\_\_

Requested payment date (1st through 15th of month): \_\_\_\_\_

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*For SonicNet Use Only*

*Eligibility confirmed:*

*Initials:* \_\_\_\_\_ *Date:* \_\_\_\_\_ *Copy of SNAP/Quest card:* \_\_\_\_\_