

EXHIBIT C

Comcast Commercial Referral Form

Date Contacted: _____

Potential Customer Information

Company Name: _____	Contact Person & Title: _____
Address: _____ _____	Contact Phone: _____
_____	Contact Fax: _____
	Contact Email Address: _____
	Website: _____
	D & B #: _____
Description of Business: _____ _____	
Total # of Employees: _____	Existing Services: Dial-up, DSL, ISDN, Frame, T-1
Total # of Workstations: _____	Current Provider: _____
Total # of Remote Employees: _____	
Customer Requirements for Connectivity: _____	

Site Information

Type of Building Stand Alone, Strip Mall, Complex	# of Floors: _____
Existing Cable TV: Yes or No	Cross Streets: _____

Referral Information

Referral Name: _____	Referral Code: _____
Referral Signature: _____	Date: _____
Print Name: _____	

Comcast Information

Local Market Contact Information: _____	Tracking Number: _____
Comcast Approval Signature: _____	Date: _____
Print Name: _____	