

**CASCADE COMMUNICATIONS COMPANY (Company)  
HPNA/VAP DEVICE LOANER AGREEMENT**

I, \_\_\_\_\_, (Customer) hereby agree as follows:

1. Company is in the process of converting the facilities used to provide my telecommunications services from copper to fiber optics.
2. Customer is a current subscriber to Zoom Internet and/or CCTv video service (Services) provided by Company.
3. In order for Services to continue working upon conversion to the fiber optic facility, Category 5 wiring and Ethernet jack(s) would typically need to be installed.
4. The installation of Category 5 wiring would likely exceed the typical installation time of two hours making it impractical to do so and it may also result in an installation that would be cosmetically unacceptable to Customer.
5. Company will loan Customer Home Phoneline Networking Alliance (HPNA) or Video Access Point (VAP) devices (Devices) in an effort to avoid an impractical or cosmetically unacceptable installation as described above.
6. Customer understands that the Devices are the property of Company.
7. If Customer discontinues Services at the address in which the Devices were installed at any time, the Customer agrees to return the Devices to Company within 10 days.
8. If Customer fails to return the Devices to Company within 10 days after Services are discontinued at the address in which the Devices were installed, Company may charge and Customer agrees to pay a fee of \$50 for each HPNA device and \$85 for each VAP device plus applicable taxes to Company.
9. If a Device is damaged or stops working for any reason while in Customer's possession, the Customer agrees to return the Device to Company and if Customer requests a replacement Device, Company may charge Customer the then current price for the replacement Device.
10. Malfunctioning Devices may be covered in accordance with the terms of the Company's Wire Maintenance plan for Zoom service or CCTv Protection Plan for CCTv service.

- |                                     |       |                   |
|-------------------------------------|-------|-------------------|
| <input type="checkbox"/> Coax HPNA  | _____ | Number of devices |
| <input type="checkbox"/> Power HPNA | _____ | Number of devices |
| <input type="checkbox"/> VAP        | _____ | Number of devices |

Agreed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Customer Address

\_\_\_\_\_  
Customer Telephone Number