

1420 Kanawha Boulevard, East
 Charleston, WV 25301
 (304) 345-3792
 In West Virginia 1-800-427-BEEP
 Outside West Virginia 1-800-950-4004



Huntington
 Parkersburg
 Logan

PAGER PICKUP AGREEMENT

12 6125

BILLING INFORMATION: (Full Address Required) (Please Print)

NAME: WESTWOOD ACRES APARTMENTS
 ADDRESS: 2402 W 5TH AVE HUNTINGTON, WV 25704
 AUTHORIZED BY: RENEE BROWN 429-6759 MGR

CUSTOMER INFORMATION:

NAME: BROWN RENEE
 ADDRESS: 65 SMITH DRIVE HUNTINGTON, WV 25705
 PHONE: 522-73754
 DRIVERS LICENSE No.: C 611317 WV 2-42-56
 SOCIAL SECURITY No.: 327-52-9315
 INFORMATION LISTED ABOVE CURRENT IN PHONE DIRECTORY? YES NO
 COMPANY: WESTWOOD ACRES APARTMENTS
 NEAREST RELATIVE: ELMER BROWN M/LAW 614-894-5283

CREDIT REFERENCES

Name of Creditor	Account Number	Original Balance	Present Balance	Carried in Name of
ONE VALLEY				
LOWE				
STATE CLC				

TERMS OF AGREEMENT

The terms of this agreement are completely described in our tariff on file with the Public Service Commission of West Virginia. A copy of that document is available for inspection at our offices during regular office hours. Protection for the paging units is not automatically provided, it is you and/or your firms responsibility to either insure this equipment against loss and damage, or pay the current replacement value should loss or damage occur. A protection plan is available for an additional \$ per unit per month. This covers your pager if lost or stolen: (There is a \$40.00 deductible.)

Yes I want protection No I do not want protection
 Use or possession of paging equipment that is not being paid for on a regular basis has been deemed to constitute theft of service from a public utility which, upon conviction can initiate fines up to \$10,000 and/or incarceration for up to ten years!
 Invoices will be sent out on the first of each month. Payment is due by the twentieth of each month. If payment is not received on due date service will be terminated. A \$15.00 re-connection fee may be applied. If I am in default you can demand immediate payment of the unpaid balance plus any interest that is due without giving anyone further notice. You may also take any action permitted by any separate agreement I have signed or by law.
 Responsibility for this equipment is your and your firms until such time that it is returned to us in the same condition as when received. Your signature below verifies that the equipment was in good condition when received. Failure to promptly return equipment or surrender it upon request constitutes theft and will result in immediate legal action against you and/or your firm.

"You, the buyer, may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction. See the attached notice of cancellation form for an explanation of this right."

As an individual, and as a representative of my firm, I hereby authorize Capitol Pager or any credit bureau or other investigative agency employed by them, to investigate any information listed hereon or obtained from me or any other person pertaining to my and/or my firms financial responsibility. Intending that you shall rely upon my statement herein, I hereby certify to you that the foregoing information is true and complete. I understand the full terms and conditions of this agreement, and that it will be binding on me and/or my firm. I agree (1) that this contract includes the information on the reverse side of this page; and (2) that I read and the Buyer first signing below received a copy of this contract with all blanks filled in before I signed it.

x Renee Brown 5/1/91
 CUSTOMERS SIGNATURE (REQUIRED) DATE

DATE	DATE REQUIRED	P.O.	SALESPERSON	SHIP VIA
4-11-91	5-1-91		72	109
QUANTITY	STOCK NO.	DESCRIPTION	PRICE	AMOUNT
1	88	616 Eng-1644		10 00
1	88	800 528-1643		10 00
2	47	PROTECTION	2.00	4 00

OFFICE USE ONLY

(SS) (DL) (SF) (PN) (P1) (P7) (P3)
 (PP) (CD) (BK) (MA) (P3) (P18) (P50)

ACCT. # 24.00

SEE OTHER SIDE FOR IMPORTANT INFORMATION

1420 Kanawha Boulevard, East
 Charleston, WV 25301
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 In West Virginia 1-800-427-BEEP
 Outside West Virginia 1-800-950-4004



Service
 Huntington
 Parkersburg
 Logan

PAGER PICKUP AGREEMENT

72 5928

BILLING INFORMATION: (Full Address Required) (Please Print)

NAME: REMC
 ADDRESS: 3440 8th St ^{LAST} Huntington WV ^{FIRST} 25701 ^{MIDDLE}
CITY STATE ZIP
 AUTHORIZED BY: _____
NAME PHONE OCCUPATION

CUSTOMER INFORMATION:

NAME: Kirby ^{LAST} Kenneth ^{FIRST}
 ADDRESS: 3440 8th St ^{LAST} Huntington WV ^{FIRST} 25701 ^{MIDDLE}
CITY STATE ZIP
 PHONE: Home 520-8461
HOME WORK
 DRIVERS LICENSE No.: _____
STATE BIRTH DATE
 SOCIAL SECURITY No.: 233-72-7589
 INFORMATION LISTED ABOVE CURRENT IN PHONE DIRECTORY? YES NO
 COMPANY: REMC
 NEAREST RELATIVE: Nellie Kirby ^{NAME} mother ^{OCCUPATION} 325-7248 ^{DATE EMPLOYED}
RELATIONSHIP PHONE No.

CREDIT REFERENCES

Name of Creditor	Account Number	Original Balance	Present Balance	Carried in Name of

TERMS OF AGREEMENT

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 Protection for the paging units is not automatically provided. It is you and/or your firm's responsibility to either insure this equipment against loss and damage, or pay the current replacement value should loss or damage occur. A protection plan is available for an additional \$ 3.00 per unit per month. This covers your pager if lost or stolen. (There is a \$40.00 deductible.)
 Yes I want protection No I do not want protection
 Use or possession of paging equipment that is not being paid for on a regular basis has been deemed to constitute theft of service from a public utility which, upon conviction can initiate fines up to \$10,000 and/or incarceration for up to ten years.
 Invoices will be sent out on the first of each month. Payment is due by the twentieth of each month. If payment is not received on due date service will be terminated. A \$15.00 re-connection fee may be applied. If I am in default you can demand immediate payment of the unpaid balance plus any interest that is due without giving anyone further notice. You may also take any action permitted by any separate agreement I have signed or by law.
 Responsibility for this equipment is your and your firm's until such time that it is returned to us in the same condition as when received. Your signature below verifies that the equipment was in good condition when received. Failure to promptly return equipment or surrender it upon request constitutes theft and will result in immediate legal action against you and/or your firm.
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 As an individual, and as a representative of my firm, I hereby authorize Capitol Pager or any credit bureau or other investigative agency employed by them, to investigate any information listed herein or obtained from me or any other person pertaining to my and/or my firm's financial responsibility. Intending that you shall rely upon my statement herein, I hereby certify to you that the foregoing information is true and complete. I understand the full terms and conditions of this agreement, and that it will be binding on me and/or my firm. I agree (1) that this contract includes the information on the reverse side of this page; and (2) that I read and the Buyer first signing below received a copy of this contract with all blanks filled in before I signed it.

REMC CUSTOMER'S SIGNATURE (REQUIRED) 4/8/91 DATE 3 DAY TRIAL

DATE	DATE REQUIRED	P.O.	SALESPERSON	SHIP VIA
<u>4-8-91</u>	<u>4-18-91</u>		<u>72</u>	
QUANTITY	STOCK NO.	DESCRIPTION	PRICE	AMOUNT
<u>1</u>	<u>88</u>	<u>W728</u>	<u>520-8461</u>	<u>10.00</u>

OFFICE USE ONLY
 SS DL SF PN P1 P17 P3
 PP CD BK MA P3 P18 P50 ACCT. # _____

SEE OTHER SIDE FOR IMPORTANT INFORMATION

1420 Kanawha Boulevard, East
 Charleston, WV 25301
 (304) 345-3792
 In West Virginia 1-800-427-BEEP
 Outside West Virginia 1-800-950-4004



Huntington
 Parkersburg
 Logan

PAGER PICKUP AGREEMENT

6156

BILLING INFORMATION: (Full Address Required) (Please Print)

NAME: HUNTINGTON GARAGE DOOR CO
 ADDRESS: 3999 LAST 16TH ST RD HUNTINGTON, W.V.
 AUTHORIZED BY: JAMES R. GRAYBEAL
 CITY STATE ZIP: HUNTINGTON, W.V. 25701
 PHONE: 522-3838
 OCCUPATION: OWNER

CUSTOMER INFORMATION:

NAME: JAMES R. GRAYBEAL
 ADDRESS: 3999 LAST 16TH ST RD HUNTINGTON, W.V. 25701
 PHONE: 522-3838 HOME
 DRIVERS LICENSE No.: WV 8-30-52
 SOCIAL SECURITY No.: 233-86-0864
 INFORMATION LISTED ABOVE CURRENT IN PHONE DIRECTORY? YES NO
 COMPANY: HUNTINGTON
 NEAREST RELATIVE: VIRGINIA GRAYBEAL MOTHER 522-9580
 RELATIONSHIP: MOTHER PHONE No.:

CREDIT REFERENCES

Name of Creditor	Account Number	Original Balance	Present Balance	Carried in Name of
LAVALLETTE BANK				
MARCS SUPPLY				
LA HUNTINGTON, W.V.				

TERMS OF AGREEMENT

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 Responsibility for this equipment is your and your firms until such time that it is returned to us in the same condition as when recieved. Your signature below verifies that the equipment was in good condition when recieved. Failure to promptly return equipment or surrender it upon request constitutes theft and will result in immediate legal action against you and/or your firm.
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As an individual, and as a representative of my firm, I hereby authorize Capitol Pager or any credit bureau or other investigative agency employed by them, to investigate any information listed hereon or obtained from me or any other person pertaining to my and/or my firms financial responsibility, intending that you shall rely upon my statement herein, I hereby certify to you that the foregoing information is true and complete. I understand the full terms and conditions of this agreement, and that it will be binding on me and/or my firm. I agree (1) that this contract includes the information on the reverse side of this page; and (2) that I read and the Buyer first signing below received a copy of this contract with all blanks filled in before I signed it.

CUSTOMERS SIGNATURE (REQUIRED) DATE

DATE	DATE REQUIRED	P.O.	SALESPERSON	SHIP VIA
5-6-91	5-6-91		72	102
QUANTITY	STOCK NO.	DESCRIPTION	PRICE	AMOUNT
1	88	#835 522-1645		10 00
1	47	PROTECTION		2 00
1	61	TAX		48

OFFICE USE ONLY

SS DL SF PN P1 P17 P3
 PP CD BK MA P3 P18 P50
 ACCT. # 2-00804

SEE OTHER SIDE FOR IMPORTANT INFORMATION

522-1537

Capitol Paging Corporate Office
 1420 Kanawha Boulevard, East
 Charleston, WV 25301
 (304) 345-3792
 In West Virginia 1-800-427-BEEP
 Outside West Virginia 1-800-950-4004



Beckley
 Huntington
 Parkersburg
 Logan

PAGER PICKUP AGREEMENT

07310

BILLING INFORMATION: (Full Address Required) (Please Print)

NAME: LEO BYRD CONSTRUCTION
 ADDRESS: 823^{LAST} 9TH ST HUNTINGTON WV. 25701
 AUTHORIZED BY: LEO BYRD 522-2852 COAT.
CITY STATE ZIP NAME PHONE OCCUPATION

CUSTOMER INFORMATION:

NAME: BYRD LEO W.
 ADDRESS: 823 - 9TH ST HUNTINGTON WV. 25701
 PHONE: 522-2852
 DRIVERS LICENSE No.: C 452707 WV. 4-14-37
 SOCIAL SECURITY No.: 236-54-8334
 INFORMATION LISTED ABOVE CURRENT IN PHONE DIRECTORY? YES NO
 COMPANY: _____
 NEAREST RELATIVE: RUTH BYRD AUTHER 522-0431
NAME OCCUPATION DATE EMPLOYED RELATIONSHIP PHONE No.

CREDIT REFERENCES

Name of Creditor	Account Number	Original Balance	Present Balance	Carried in Name of
<u>JOHNSON</u>				
<u>WAGNER BROS</u>				
<u>1st HUN BANK</u>				

TERMS OF AGREEMENT

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 Protection for the paging units is not automatically provided, it is you and/or your firms responsibility to either insure this equipment against loss and damage, or pay the current replacement value should loss or damage occur. A protection plan is available for an additional \$ 1.00 per unit per month. This covers your pager if lost or stolen. (There is a \$40.00 deductible.)
 Yes I want protection No I do not want protection
 Use or possession of paging equipment that is not being paid for on a regular basis has been deemed to constitute theft of service from a public utility which, upon conviction can initiate fines up to \$10,000 and/or incarceration for up to ten years!
 Invoices will be sent out on the first of each month. Payment is due by the twentieth of each month. If payment is not recieved on due date service will be terminated. A \$15.00 re-connection fee may be applied. If I am in default you can demand immediate payment of the unpaid balance plus any interest that is due without giving anyone further notice. You may also take any action permitted by any separate agreement I have signed or by law.
 Responsibility for this equipment is your and your firms until such time that it is returned to us in the same condition as when recieved. Your signature below verifies that the equipment was in good condition when recieved. Failure to promptly return equipment or surrender it upon request constitutes theft and will result in immediate legal action against you and/or your firm.
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 As an individual, and as a representative of my firm, I hereby authorize Capitol Pager or any credit bureau or other investigative agency employed by them, to investigate any information listed hereon or obtained from me or any other person pertaining to my and/or my firms financial responsibility. Intending that you shall rely upon my statement herein, I hereby certify to you that the foregoing information is true and complete. I understand the full terms and conditions of this agreement, and that it will be binding on me and/or my firm. I agree (1) that this contract includes the information on the reverse side of this page, and (2) that I read and the Buyer first signing below received a copy of this contract with all blanks filled in before I signed it.

Leo Byrd
 CUSTOMERS SIGNATURE (REQUIRED) DATE

DATE	DATE REQUIRED	P.O.	SALESPERSON	SHIP VIA
<u>5-20-91</u>	<u>5-24-91</u>		<u>72</u>	<u>QZ</u>
QUANTITY	STOCK NO.	DESCRIPTION	PRICE	AMOUNT
<u>1</u>	<u>88</u>	<u>11958</u>	<u>522-1637</u>	<u>10 00</u>
<u>1</u>	<u>47</u>	<u>PROTECTION</u>		<u>2 00</u>
<u>1</u>	<u>61</u>	<u>TAX</u>		<u>48</u>

OFFICE USE ONLY
 (SS) (DL) (SF) (PN) (P1) (P17) (P3)
 (PP) (CD) (BK) (MA) (P3) (P18) (P50) ACCT. # _____

SEE OTHER SIDE FOR IMPORTANT INFORMATION

Capitol Paging Corporate Office
 1420 Kanawha Boulevard, East
 Charleston, WV 25301
 (304) 345-3792
 In West Virginia 1-800-427-BEEP
 Outside West Virginia 1-800-950-4004

523
 1200
 GRANT



Beckley
 Huntington
 Parkersburg
 Logan

PAGER PICKUP AGREEMENT

07312

BILLING INFORMATION: (Full Address Required) (Please Print)

NAME: WEST END CUSTOM CABINETS
 ADDRESS: 929 14TH ST W HUNTINGTON WV 25704
 AUTHORIZED BY: JACK RICHMOND 522-4593 CABINETS

CUSTOMER INFORMATION:

NAME: RICHMOND JACK 6
 ADDRESS: 6231 8th HIGHLAND DRIVE HUNTINGTON WV
 PHONE: 736-8777 522-4593 25705
 DRIVERS LICENSE No.: 0023-51 WV WORK 6-2-32
 SOCIAL SECURITY No.: 232-48-9603 STATE BIRTH DATE
 INFORMATION LISTED ABOVE CURRENT IN PHONE DIRECTORY? YES NO
 COMPANY: WEST END CUSTOM CABINETS IAC
 NEAREST RELATIVE: STEPHEN RICHMOND SON 5 DATE EMPLOYED

CREDIT REFERENCES

Name of Creditor	Account Number	Original Balance	Present Balance	Carried in Name of
ONE VALLEY				
CHANDLER				
SEABOARD				

TERMS OF AGREEMENT

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Yes I want protection No I do not want protection
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 Responsibility for this equipment is your and your firms until such time that it is returned to us in the same condition as when received. Your signature below verifies that the equipment was in good condition when received. Failure to promptly return equipment or surrender it upon request constitutes theft and will result in immediate legal action against you and/or your firm.
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 As an individual, and as a representative of my firm, I hereby authorize Capitol Pager or any credit bureau or other investigative agency employed by them, to investigate any information listed hereon or obtained from me or any other person pertaining to my and/or my firms financial responsibility. Intending that you shall rely upon my statement herein, I hereby certify to you that the foregoing information is true and complete. I understand the full terms and conditions of this agreement, and that it will be binding on me and/or my firm. I agree (1) that this contract includes the information on the reverse side of this page; and (2) that I read and the Buyer first signed below received a copy of this contract with all blanks filled in before I signed it.

x Jack Richmond 5-29-91
 CUSTOMERS SIGNATURE (REQUIRED) DATE

DATE	DATE REQUIRED	P.O.	SALESPERSON	SHIP VIA
5-29-91	6-1-91		72	109
QUANTITY	STOCK NO.	DESCRIPTION	PRICE	AMOUNT
1	88	816-528-1644		10.00
1	47	PROTECTION		2.00
1	61	TAX		48

OFFICE USE ONLY

(SS) (DL) (SF) (PN) (P1) (P17) (P3)
 (PP) (CD) (BK) (MA) (P3) (P18) (P50)

ACCT. # _____

SEE OTHER SIDE FOR IMPORTANT INFORMATION

SALES ORDER

20496

CAPITOL RADIO TELEPHONE COMPANY, INC.

1420 KANAWHA BLVD., EAST
 CHARLESTON, WV 25301
 (304) 345-3792

SHIP TO Macon Camp 5

DATE	DATE REQUIRED	CUST. ORDER NO.	TAX EXEMPT NO.	TERMS	F.O.B.	SALESPERSON	SHIP VIA
	11/11/97					19	FEDEX
QUANTITY	STOCK NO.	DESCRIPTION				PRICE	AMOUNT
		Pages on 152.480					
		Couldn't get pages.					
		When it did go off					
		other people's pages					
		covered his up.					
		Return & Cancel					
		Print 341-2012					
MOSE. RETD.	PAID OUT	<input type="checkbox"/> CASH <input type="checkbox"/> CHARGE	<input type="checkbox"/> C.O.D. <input type="checkbox"/> CREDIT	RECEIVED BY		TOTAL ▶	
				<i>[Signature]</i>			

THIS SLIP MUST ACCOMPANY
 ALL CLAIMS AND RETURNED GOODS

Thank You

Capitol Paging Corporate Office
 1420 Kanawha Boulevard, East
 Charleston, WV 25301
 (304) 345-3792
 In West Virginia 1-800-427-BEEP
 Outside West Virginia 1-800-950-4004



Beckley
 Huntington
 Parkersburg
 Logan

PAGER PICKUP AGREEMENT

07364

BILLING INFORMATION: (Full Address Required) (Please Print)

NAME: JIMMY JOE SMITH PAINT W/O CONTRACTOR
 ADDRESS: 1326 LAST 9TH AVE HUNTINGTON WV 25701
 AUTHORIZED BY: JIMMY JOE SMITH STATE 523-2718 ZIP 25701

CUSTOMER INFORMATION:

NAME: SMITH JIMMY J
 ADDRESS: 1326 LAST 9TH AVE HUNTINGTON WV 25701
 PHONE: 523-2718
 DRIVERS LICENSE No.: C-489301 WV 7-9-57
 SOCIAL SECURITY No.: 235-88-7357
 INFORMATION LISTED ABOVE CURRENT IN PHONE DIRECTORY? YES NO
 COMPANY: None - LISTED
 NEAREST RELATIVE: PARRELL SMITH DAD 704-871-8234
 RELATIONSHIP: PHONE No.

CREDIT REFERENCES

Name of Creditor	Account Number	Original Balance	Present Balance	Carried in Name of
HELG MYERS				
C + P				
A PRO				

LOWE'S

TERMS OF AGREEMENT

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 Protection for the paging units is not automatically provided, it is you and/or your firms responsibility to either insure this equipment against loss and damage, or pay the current replacement value should loss or damage occur. A protection plan is available for an additional \$1.00 per unit per month. This covers your pager if lost or stolen. (There is a \$40.00 deductible.)
 Yes I want protection No I do not want protection
 Use or possession of paging equipment that is not being paid for on a regular basis has been deemed to constitute theft of service from a public utility which, upon conviction can initiate fines up to \$10,000 and/or incarceration for up to ten years.
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 Responsibility for this equipment is your and your firms until such time that it is returned to us in the same condition as when recieved. Your signature below verifies that the equipment was in good condition when recieved. Failure to promptly return equipment or surrender it upon request constitutes theft and will result in immediate legal action against you and/or your firm.
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x Jimmy Joe Smith 6-21-91
 CUSTOMERS SIGNATURE (REQUIRED) DATE

DATE	DATE REQUIRED	P.O.	SALESPERSON	SHIP VIA
6-24-91	6-21-91		72	10/2
QUANTITY	STOCK NO.	DESCRIPTION	PRICE	AMOUNT
1	88	947 528-1639		10.00
1	47	PROTECTION		2.00
1	61	TAX		.48

OFFICE USE ONLY

SS DL SF PN P1 P17 P3
 PP CD BK MA P3 P18 P50

ACCT. #

SEE OTHER SIDE FOR IMPORTANT INFORMATION

1248

CASH

Capitol Paging Corporate Office
 1420 Kanawha Boulevard, East
 Charleston, WV 25301
 (304) 345-3792
 In West Virginia 1-800-427-BEEP
 Outside West Virginia 1-800-950-4004



Beckley
 Huntington
 Parkersburg
 Logan

PAGER PICKUP AGREEMENT

06814

BILLING INFORMATION: (Full Address Required) (Please Print)

NAME: Carter Mark
LAST FIRST MIDDLE
 ADDRESS: 37 Fairfax Dr Hunt W.Va. 25204
CITY STATE ZIP
 AUTHORIZED BY: _____
NAME PHONE OCCUPATION

CUSTOMER INFORMATION:

NAME: _____
LAST FIRST MIDDLE
 ADDRESS: _____
CITY STATE ZIP
 PHONE: 523-5165 499-6961
HOME WORK
 DRIVERS LICENSE No.: EO67291 W.Va. 3-20-61
STATE BIRTH DATE
 SOCIAL SECURITY No.: 235-84-0854
 INFORMATION LISTED ABOVE CURRENT IN PHONE DIRECTORY? YES NO
 COMPANY: Accufacts Inc. owner
NAME OCCUPATION
 NEAREST RELATIVE: Arley Carter grandpa 529-7521
RELATIONSHIP PHONE No.

CREDIT REFERENCES

Name of Creditor	Account Number	Original Balance	Present Balance	Carried in Name of
First Hunt Nat'l				Marc Carter

TERMS OF AGREEMENT

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 Yes I want protection No I do not want protection

Use or possession of paging equipment that is not being paid for on a regular basis has been deemed to constitute theft of service from a public utility which, upon conviction can initiate fines up to \$10,000 and/or incarceration for up to ten years!

Invoices will be sent out on the first of each month. Payment is due by the twentieth of each month. If payment is not received on due date service will be terminated. A \$15.00 re-connection fee may be applied. If I am in default you can demand immediate payment of the unpaid balance plus any interest that is due without giving anyone further notice. You may also take any action permitted by any separate agreement I have signed or by law.

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[Signature]
 CUSTOMERS SIGNATURE (REQUIRED) DATE

DATE	DATE REQUIRED	P.O.	SALESPERSON	SHIP VIA
7-4-91	SAME		9	DAA
QUANTITY	STOCK NO.	DESCRIPTION	PRICE	AMOUNT
1	88	604 local	9.95	
1	97	spirit	2.00	
1	61		.48	

OFFICE USE ONLY
 (SS) (DL) (SF) (PN) (P1) (P17) (P3)
 (PP) (CD) (BK) (MA) (P3) (P13) (P51) ACCT. # _____
 12 43 Ad. Cash

ATTACHMENTS FOR #3

Capitol Paging Corporate Office
 1420 Kanawha Boulevard, East
 Charleston, WV 25301
 (304) 345-3792
 In West Virginia 1-800-427-BEEP
 Outside West Virginia 1-800-950-4004



Beckley
 Huntington
 Parkersburg
 Logan

PAGER PICKUP AGREEMENT

07364

BILLING INFORMATION: (Full Address Required) (Please Print)

NAME: JIMMY JOE SMITH PAINT WORK CONTRACTOR
 ADDRESS: 1326 9TH AVE HUNTINGTON WV 25701
 AUTHORIZED BY: JIMMY JOE SMITH 523-2718 7570146
NAME PHONE OCCUPATION

CUSTOMER INFORMATION:

NAME: SMITH JIMMY J.
 ADDRESS: 1326 9TH AVE HUNTINGTON WV 25701
 PHONE: 523-2718
 DRIVERS LICENSE No.: C-479301 WV 7-9-57
 SOCIAL SECURITY No.: 235-88-7357
 INFORMATION LISTED ABOVE CURRENT IN PHONE DIRECTORY? YES NO
 COMPANY: None - LISTED
 NEAREST RELATIVE: PARRELL SMITH DAD 704-871-8234 STATESVILLE, N.C.
NAME OCCUPATION DATE EMPLOYED PHONE No. RELATIONSHIP

CREDIT REFERENCES

Name of Creditor	Account Number	Original Balance	Present Balance	Carried in Name of
HELGIMYERS				
C & P				
A PRO				

LOWE'S

TERMS OF AGREEMENT

The terms of this agreement are completely described in our tariff on file with the Public Service Commission of West Virginia. A copy of that document is available for inspection at our offices during regular office hours.
 Protection for the paging units is not automatically provided. It is you and/or your firm's responsibility to either insure this equipment against loss and damage, or pay the current replacement value should loss or damage occur. A protection plan is available for an additional \$ per unit per month. This covers your pager if lost or stolen. (There is a \$40.00 deductible.)
 Yes I want protection No I do not want protection
 Use or possession of paging equipment that is not being paid for on a regular basis has been deemed to constitute theft of service from a public utility which, upon conviction can initiate fines up to \$10,000 and/or incarceration for up to ten years!
 Invoices will be sent out on the first of each month. Payment is due by the twentieth of each month. If payment is not received on due date service will be terminated. A \$15.00 re-connection fee may be applied. If I am in default you can demand immediate payment of the unpaid balance plus any interest that is due without giving anyone further notice. You may also take any action permitted by any separate agreement I have signed or by law.
 Responsibility for this equipment is your and your firm's until such time that it is returned to us in the same condition as when received. Your signature below verifies that the equipment was in good condition when received. Failure to promptly return equipment or surrender it upon request constitutes theft and will result in immediate legal action against you and/or your firm.
 You, the buyer, may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction. See the attached notice of cancellation form for an explanation of this right.

As an individual, and as a representative of my firm, I hereby authorize Capitol Pager or any credit bureau or other investigative agency employed by them, to investigate any information listed herein or obtained from me or any other person pertaining to my and/or my firm's financial responsibility. Intending that you shall rely upon my statement herein, I hereby certify to you that the foregoing information is true and complete. I understand the full terms and conditions of this agreement, and that it will be binding on me and/or my firm. I agree (1) that this contract includes the information on the reverse side of this page; and (2) that I read and the Buyer first signing below received a copy of this contract with all blanks filled in before I signed it.

x Jimmy Joe Smith 6-21-91
 CUSTOMER'S SIGNATURE (REQUIRED) DATE

DATE	DATE REQUIRED	P.O.	SALESPERSON	STIP VIA
6-24-91	6-21-91		72	(Signature)
QUANTITY	STOCK NO.	DESCRIPTION	PRICE	AMOUNT
1	88	947 528-1639		10.00
1	47	PROTECTION		2.00
1	61	TAX		.48

OFFICE USE ONLY

SS DL SF PN P1 P17 P3
 PP CD BK MA P3 P18 P50

ACCT. # 1248

SEE OTHER SIDE FOR IMPORTANT INFORMATION

CASH

Capitol Paging Corporate Office
 1420 Kanawha Boulevard, East
 Charleston, WV 25301
 (304) 345-3792
 In West Virginia 1-800-427-BEEP
 Outside West Virginia 1-800-950-4004



Beckley
 Huntington
 Parkersburg
 Logan

PAGER PICKUP AGREEMENT

07364

BILLING INFORMATION: (Full Address Required) (Please Print)

NAME: JIMMY JOE SMITH PAINT (NO CONTRACT)
 ADDRESS: 1326 9TH AVE HUNTINGTON WV 25701
 AUTHORIZED BY: JIMMY JOE SMITH PHONE: 523-2718 OCCUPATION: PAINTER

CUSTOMER INFORMATION:

NAME: SMITH JIMMY
 ADDRESS: 1326 9TH AVE HUNTINGTON WV 25701
 PHONE: 523-2718
 DRIVERS LICENSE No.: C-489301 STATE: WV BIRTH DATE: 7-9-57
 SOCIAL SECURITY No.: 235-88-7357

INFORMATION LISTED ABOVE CURRENT IN PHONE DIRECTORY? YES NO

COMPANY: NON LISTED

NEAREST RELATIVE: PARRELL SMITH OCCUPATION: DAD DATE EMPLOYED: 704-871-8237
 RELATIONSHIP: DAD PHONE No.: STATESVILLE, N.C.

CREDIT REFERENCES

Name of Creditor	Account Number	Original Balance	Present Balance	Carried in Name of
<u>HELG MYERS</u>				
<u>C & P</u>				
<u>A PRO</u>				

LOWE'S

TERMS OF AGREEMENT

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 Protection for the paging units is not automatically provided. It is your and/or your firms responsibility to either insure this equipment against loss and damage, or pay the current replacement value should loss or damage occur. A protection plan is available for an additional \$1.00 per unit per month. This covers your pager if lost or stolen. (There is a \$40.00 deductible.)
 Yes I want protection No I do not want protection

Use or possession of paging equipment that is not being paid for on a regular basis has been deemed to constitute theft of service from a public utility which, upon conviction can initiate fines up to \$10,000 and/or incarceration for up to ten years!

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Responsibility for this equipment is your and your firms until such time that it is returned to us in the same condition as when received. Your signature below verifies that the equipment was in good condition when received. Failure to promptly return equipment or surrender it upon request constitutes theft and will result in immediate legal action against you and/or your firm.

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As an individual, and as a representative of my firm, I hereby authorize Capitol Pager or any credit bureau or other investigative agency employed by them, to investigate any information listed hereon or obtained from me or any other person pertaining to my and/or my firms financial responsibility. Intending that you shall rely upon my statement herein, I hereby certify to you that the foregoing information is true and complete. I understand the full terms and conditions of this agreement, and that it will be binding on me and/or my firm. I agree (1) that this contract includes the information on the reverse side of this page; and (2) that I read and the Buyer first signing below received a copy of this contract with all blanks filled in before I signed it.

x Jimmy Joe Smith 6-21-91
 CUSTOMERS SIGNATURE (REQUIRED) DATE

DATE	DATE REQUIRED	P.O.	SALESPERSON	SHIP VIA
<u>6-21-91</u>	<u>6-21-91</u>		<u>72</u>	<u>(Signature)</u>
QUANTITY	STOCK NO.	DESCRIPTION	PRICE	AMOUNT
<u>1</u>	<u>88</u>	<u>947 528-1639</u>		<u>10.00</u>
<u>1</u>	<u>47</u>	<u>PROTECTION</u>		<u>2.00</u>
<u>1</u>	<u>61</u>	<u>TAX</u>		<u>.48</u>

OFFICE USE ONLY

SS DL SF PN P1 P17 P3
 PP CD BK MA P3 P18 P50

ACCT. # 1248

SEE OTHER SIDE FOR IMPORTANT INFORMATION

CASH

ATTACHMENTS FOR #5



114:8882

PAGER PICKUP AGREEMENT

BILLING INFORMATION: (Full Address Required) (Please Print)

NAME: PIONEER HOME IMPROVEMENT
 LAST FIRST MIDDLE
 ADDRESS: 730 7TH AVE HUNTINGTON, WV 25701
 CITY STATE ZIP
 AUTHORIZED BY: FRED COPLEY 522-6593
 NAME PHONE OCCUPATION

CUSTOMER INFORMATION:

NAME: COPLEY FRED
 LAST FIRST MIDDLE
 ADDRESS: 726 LINCOLN PLACE HUNTINGTON, WV
 CITY STATE ZIP
 PHONE: 523-0804 HOME 522-6593 WORK
 DRIVERS LICENSE No.: C353790 WV STATE 10-28-56 BIRTH DATE
 SOCIAL SECURITY No.: 233-904208
 INFORMATION LISTED ABOVE CURRENT IN PHONE DIRECTORY? YES NO
 COMPANY: Pioneer Home Imp. OWNER OCCUPATION DATE EMPLOYED
 NEAREST RELATIVE: Julia Copley MOTHER RELATIONSHIP 523-5706 PHONE No.

CREDIT REFERENCES

Name of Creditor	Account Number	Original Balance	Present Balance	Carried in Name of
<u>1st Bank</u>				
<u>Wells</u>				

TERMS OF AGREEMENT

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 Yes I want protection No I do not want protection
 Use or possession of paging equipment that is not being paid for on a regular basis has been deemed to constitute theft of service from a public utility which, upon conviction can initiate fines up to \$10,000 and/or incarceration for up to ten years!
 Invoices will be sent out on the first of each month. Payment is due by the twentieth of each month. If payment is not received on due date service will be terminated. A \$15.00 re-connection fee may be applied. If I am in default you can demand immediate payment of the unpaid balance plus any interest that is due without giving anyone further notice. You may also take any action permitted by any separate agreement I have signed or by law.
 Responsibility for this equipment is your and your firms until such time that it is returned to us in the same condition as when received. Your signature below verifies that the equipment was in good condition when received. Failure to promptly return equipment or surrender it upon request constitutes theft and will result in immediate legal action against you and/or your firm.
 "You, the buyer, may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction. See the attached notice of cancellation form for an explanation of this right."
 As an individual, and as a representative of my firm, I hereby authorize Capitol Pager or any credit bureau or other investigative agency employed by them, to investigate any information listed hereon or obtained from me or any other person pertaining to my and/or my firms financial responsibility. Intending that you shall rely upon my statement herein, I hereby certify to you that the foregoing information is true and complete. I understand the full terms and conditions of this agreement, and that it will be binding on me and/or my firm. I agree (1) that this contract includes the information on the reverse side of this page; and (2) that I read and the Buyer first signing below received a copy of this contract with all blanks filled in before I signed it.

x Julia M Copley 4-21-92
 CUSTOMERS SIGNATURE (REQUIRED) DATE

DATE	DATE REQUIRED	P.O.	SALESPERSON	SHIP VIA
<u>4-21-92</u>	<u>4-21-92</u>		<u>72</u>	<u>72</u>
QUANTITY	STOCK NO.	DESCRIPTION	PRICE	AMOUNT
<u>1</u>		<u>528-3458</u>		<u>9.95</u>
<u>1</u>	<u>47</u>	<u>PROTECTION</u>		<u>2.00</u>
<u>1</u>	<u>61</u>	<u>TAX</u>		<u>.48</u>

OFFICE USE ONLY
 (SS) (DL) (SF) (PN) (P1) (P17) (P3)
 (PP) (CD) (BK) (MA) (P3) (P18) (P50)
 ACCT. # 1243

SEE OTHER SIDE FOR IMPORTANT INFORMATION

1420 Kanawha Boulevard, East
 Charleston, WV 25301
 (304) 345-3792
 In West Virginia 1-800-427-BEEP
 Outside West Virginia 1-800-950-4004



Deakley
 Huntington
 Parkersburg
 Logan

PAGER PICKUP AGREEMENT

5928

BILLING INFORMATION: (Full Address Required) (Please Print)

NAME: REMC
 ADDRESS: 3440 8th St Huntington, WV 25701
 CITY STATE ZIP
 AUTHORIZED BY: _____
 NAME PHONE OCCUPATION

CUSTOMER INFORMATION:

NAME: Kirby Kenneth
 ADDRESS: 3440 8th St Huntington, WV 25701
 CITY STATE ZIP
 PHONE: Home 529-8461
 HOME WORK
 DRIVERS LICENSE No.: _____ STATE BIRTH DATE
 SOCIAL SECURITY No.: 233-72-7589
 INFORMATION LISTED ABOVE CURRENT IN PHONE DIRECTORY? YES NO
 COMPANY: REMC
 NEAREST RELATIVE: Nellie Kirby Mother DATE EMPLOYED 325-7248
 NAME OCCUPATION RELATIONSHIP PHONE No.

CREDIT REFERENCES

Name of Creditor	Account Number	Original Balance	Present Balance	Carried in Name of

TERMS OF AGREEMENT

The terms of this agreement are completely described in our tariff on file with the Public Service Commission of West Virginia. A copy of that document is available for inspection at our offices during regular office hours.
 Protection for the paging units is not automatically provided. It is you and/or your firms responsibility to either insure this equipment against loss and damage, or pay the current replacement value should loss or damage occur. A protection plan is available for an additional \$ 4.00 per unit per month. This covers your pager if lost or stolen: (There is a \$40.00 deductible.)
 Yes I want protection No I do not want protection
 Use or possession of paging equipment that is not being paid for on a regular basis has been deemed to constitute theft of service from a public utility which, upon conviction can initiate fines up to \$10,000 and/or incarceration for up to ten years!
 Invoices will be sent out on the first of each month. Payment is due by the twentieth of each month. If payment is not received on due date service will be terminated. A \$15.00 re-connection fee may be applied. If I am in default you can demand immediate payment of the unpaid balance plus any interest that is due without giving anyone further notice. You may also take any action permitted by any separate agreement I have signed or by law.
 Responsibility for this equipment is your and your firms until such time that it is returned to us in the same condition as when received. Your signature below verifies that the equipment was in good condition when received. Failure to promptly return equipment or surrender it upon request constitutes theft and will result in immediate legal action against you and/or your firm.
 "You, the buyer, may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction. See the attached notice of cancellation form for an explanation of this right."
 As an individual, and as a representative of my firm, I hereby authorize Capitol Pager or any credit bureau or other investigative agency employed by them, to investigate any information listed hereon or obtained from me or any other person pertaining to my and/or my firms financial responsibility. Intending that you shall rely upon my statement herein, I hereby certify to you that the foregoing information is true and complete. I understand the full terms and conditions of this agreement, and that it will be binding on me and/or my firm. I agree (1) that this contract includes the information on the reverse side of this page; and (2) that I read and the Buyer first signing below received a copy of this contract with all blanks filled in before I signed it.

REMC CUSTOMERS SIGNATURE (REQUIRED) 4/8/91 DATE 3 DAY Trial

DATE	DATE REQUIRED	P.O.	SALESPERSON	SHIP VIA
<u>4-8-91</u>	<u>4-18-91</u>		<u>72</u>	
QUANTITY	STOCK NO.	DESCRIPTION	PRICE	AMOUNT
<u>1</u>	<u>88</u>	<u>WJ728</u>	<u>529-7642</u>	<u>10.00</u>

OFFICE USE ONLY

- SS DL SF PN P1 P17 P3
 PP CD BK MA P3 P18 P50

ACCT. # _____

Capitol Paging Corporate Office
 1420 Kanawha Boulevard, East
 Charleston, WV 25301
 (304) 345-3792
 In West Virginia 1-800-427-BEEP
 Outside West Virginia 1-800-950-4004



Beckley
 Huntington
 Parkersburg
 Logan

PAGER PICKUP AGREEMENT

06785

BILLING INFORMATION: (Full Address Required) (Please Print)

NAME: CUSTOM CARPETS
 LAST FIRST MIDDLE
 ADDRESS: 5110 RT 60 E HUNTINGTON, WV 25705
 CITY STATE ZIP
 AUTHORIZED BY: HAROLD AUSTIN 736-3525 MGR
 NAME PHONE OCCUPATION

CUSTOMER INFORMATION:

NAME: AUSTIN HAROLD L
 LAST FIRST MIDDLE
 ADDRESS: 26 RED OAK DRIVE CULLODEN, WV
 CITY STATE ZIP
 PHONE: 743-8160 736-3525 25510
 DRIVERS LICENSE No.: C-351909 WV 3-24-33
 HOME STATE WORK BIRTH DATE
 SOCIAL SECURITY No.: 233-58-0047
 INFORMATION LISTED ABOVE CURRENT IN PHONE DIRECTORY? YES NO
 COMPANY:
 NEAREST RELATIVE: ANN SHILOTT DAUGHTER 743-4684
 NAME OCCUPATION DATE EMPLOYED PHONE No. RELATIONSHIP

CREDIT REFERENCES

Name of Creditor	Account Number	Original Balance	Present Balance	Carried in Name of
<u>1ST MAR STAR BANK</u>				
<u>THOM FISH</u>				

TERMS OF AGREEMENT

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Yes I want protection No I do not want protection
 Use or possession of paging equipment that is not being paid for on a regular basis has been deemed to constitute theft of service from a public utility which, upon conviction can initiate fines up to \$10,000 and/or incarceration for up to ten years!
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[Signature] 9/10/91
 CUSTOMERS SIGNATURE (REQUIRED) DATE

DATE	DATE REQUIRED	P.O.	SALESPERSON	SHIP VIA
<u>9-10-91</u>	<u>9-10-91</u>		<u>72</u>	<u>72</u>
QUANTITY	STOCK NO.	DESCRIPTION	PRICE	AMOUNT
<u>1</u>	<u>88</u>	<u>3-32052 528-1254</u>		<u>9.95</u>
<u>1</u>	<u>47</u>	<u>PROTECTION</u>		<u>2.00</u>
<u>1</u>	<u>61</u>	<u>TAX</u>		<u>.48</u>

OFFICE USE ONLY
 (SS) (DL) (SF) (PN) (R1) (P17) (P3)
 (PP) (CD) (BK) (MA) (P3) (P18) (P50)

SEE OTHER SIDE FOR IMPORTANT INFORMATION

ACCT. # 12.43

MONTHLY

Capitol Paging Corporate Office
 1420 Kanawha Boulevard, East
 Charleston, WV 25301
 (304) 345-3792
 In West Virginia 1-800-427-BEEP
 Outside West Virginia 1-800-950-4004



Beckley
 Huntington
 Parkersburg
 Logan

PAGER PICKUP AGREEMENT

06806

BILLING INFORMATION: (Full Address Required) (Please Print)

NAME: WEST ENDIARE SALES
 ADDRESS: 2100 MADISON AVE HUNTINGTON, WV 25704
 AUTHORIZED BY: TIM FRYE 429-2028 OWNER

CUSTOMER INFORMATION:

NAME: FRYE TIMOTHY
 ADDRESS: RT 6 BOX 156 SOUTH POINT OH 45680
 PHONE: 429-2028
 DRIVERS LICENSE No.: PR 643007 OH 4-16-62
 SOCIAL SECURITY No.: 235-08-5965
 INFORMATION LISTED ABOVE CURRENT IN PHONE DIRECTORY? YES NO
 COMPANY: OWNER 15-NOV-90
 NEAREST RELATIVE: CAROLYN FRYE SISTER 523-6066

CREDIT REFERENCES

Name of Creditor	Account Number	Original Balance	Present Balance	Carried in Name of
S&S TIRE				
WHOLESALE TIRE				
BANK CARD				

TERMS OF AGREEMENT

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 Protection for the paging units is not automatically provided. It is you and/or your firm's responsibility to either insure this equipment against loss and damage, or pay the current replacement value should loss or damage occur. A protection plan is available for an additional \$2 per unit per month. This covers your pager if lost or stolen. (There is a \$40.00 deductible.)
 Yes I want protection No I do not want protection
 Use or possession of paging equipment that is not being paid for on a regular basis has been deemed to constitute theft of service from a public utility which, upon conviction can initiate fines up to \$10,000 and/or incarceration for up to ten years.
 Invoices will be sent out on the first of each month. Payment is due by the twentieth of each month. If payment is not received on due date service will be terminated. A \$15.00 re-connection fee may be applied. If I am in default you can demand immediate payment of the unpaid balance plus any interest that is due without giving anyone further notice. You may also take any action permitted by any separate agreement I have signed or by law.
 Responsibility for this equipment is your and your firm's until such time that it is returned to us in the same condition as when received. Your signature below verifies that the equipment was in good condition when received. Failure to promptly return equipment or surrender it upon request constitutes theft and will result in immediate legal action against you and/or your firm.
 *You, the buyer, may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction. See the attached notice of cancellation form for an explanation of this right.
 As an individual, and as a representative of my firm, I hereby authorize Capitol Pager or any credit bureau or other investigative agency employed by them, to investigate any information listed hereon or obtained from me or any other person pertaining to my and/or my firm's financial responsibility. Intending that you shall rely upon my statement herein, I hereby certify to you that the foregoing information is true and complete. I understand the full terms and conditions of this agreement, and that it will be binding on me and/or my firm. I agree (1) that this contract includes the information on the reverse side of this page; and (2) that I read and the Buyer first signing below received a copy of this contract with all blanks filled in before I signed it.

Timothy Frys 10/1/91
 CUSTOMERS SIGNATURE (REQUIRED) DATE

DATE	DATE REQUIRED	P.O.	SALESPERSON	SHIP VIA
10-1-91	10-1-91		72	72
QUANTITY	STOCK NO.	DESCRIPTION	PRICE	AMOUNT
1	88	4-113184	528-1479	9 95
1	47	PROTECTION		2 00
1	61	TAX		48

OFFICE USE ONLY

SS DL SF PN P1 P17 P3
 PP CD BK MA P3 P18 P50

ACCT. # 12 43
PAID
CASH.

SEE OTHER SIDE FOR IMPORTANT INFORMATION

BILL 11011/14

Capitol Paging Corporate Office
 1420 Kanawha Boulevard, East
 Charleston, WV 25301
 (304) 345-3792
 In West Virginia 1-800-427-BEEP
 Outside West Virginia 1-800-950-4004



Beckley
 Huntington
 Parkersburg
 Logan

PAGER PICKUP AGREEMENT

97151

BILLING INFORMATION: (Full Address Required) (Please Print)

NAME: SHORT TERRY D cheil
LAST FIRST MIDDLE
 ADDRESS: 414 ROCKWOOD AVE CHESAPEAKE, VA.
CITY STATE ZIP
 AUTHORIZED BY: TERRY SHORT 522-3031 GUARD
NAME PHONE OCCUPATION

CUSTOMER INFORMATION:

NAME: SHORT TERRY D
LAST FIRST MIDDLE
 ADDRESS: 414 ROCKWOOD AVE CHESAPEAKE, VA.
CITY STATE ZIP
 PHONE: 522-3031
HOME
 DRIVERS LICENSE No.: F-44 8822 WV 1-30-70
STATE WORK BIRTH DATE
 SOCIAL SECURITY No.: 233-19-3832

INFORMATION LISTED ABOVE CURRENT IN PHONE DIRECTORY? YES NO
 COMPANY: _____ DATE EMPLOYED: 3-12-91
 NEAREST RELATIVE: DON SHORT FATHER 522-3031
NAME OCCUPATION RELATIONSHIP PHONE No.

CREDIT REFERENCES

Name of Creditor	Account Number	Original Balance	Present Balance	Carried in Name of
HOLT 76				
WELLMAN O. SHEA				
PEDIATRICS INC.				

TERMS OF AGREEMENT

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 Yes I want protection No I do not want protection
 Use or possession of paging equipment that is not being paid for on a regular basis has been deemed to constitute theft of service from a public utility which, upon conviction can initiate fines up to \$10,000 and/or incarceration for up to ten years!
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 Responsibility for this equipment is your and your firm's until such time that it is returned to us in the same condition as when received. Your signature below verifies that the equipment was in good condition when received. Failure to promptly return equipment or surrender it upon request constitutes theft and will result in immediate legal action against you and/or your firm.
 *You, the buyer, may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction. See the attached notice of cancellation form for an explanation of this right.
 As an individual, and as a representative of my firm, I hereby authorize Capitol Pager or any credit bureau or other investigative agency employed by them, to investigate any information listed hereon or obtained from me or any other person pertaining to my and/or my firm's financial responsibility. Intending that you shall rely upon my statement herein, I hereby certify to you that the foregoing information is true and complete. I understand the full terms and conditions of this agreement, and that it will be binding on me and/or my firm. I agree (1) that this contract includes the information on the reverse side of this page; and (2) that I read and the Buyer first signing below received a copy of this contract with all blanks filled in before I signed it.

Terry D. Short 10-31-91
 CUSTOMERS SIGNATURE (REQUIRED) DATE

DATE	DATE REQUIRED	P.O.	SALESPERSON	SHIP VIA
<u>10-30-91</u>	<u>10-31-91</u>		<u>72</u>	<u>72</u>
QUANTITY	STOCK NO.	DESCRIPTION	PRICE	AMOUNT
<u>1</u>	<u>88</u>	<u>2-20190</u>	<u>528-1550</u>	<u>9.95</u>
<u>1</u>	<u>47</u>	<u>PROTECTION</u>		<u>2.00</u>
<u>1</u>	<u>61</u>	<u>TAX</u>		<u>48</u>

OFFICE USE ONLY
 SS DL SF PN P1 P17 P3
 PP CD BK MA P3 P18 P50

ACCT. # 1195

SEE OTHER SIDE FOR IMPORTANT INFORMATION

1420 Kanawha Boulevard, East
 Charleston, WV 25301
 (304) 345-3792
 In West Virginia 1-800-427-BEEP
 Outside West Virginia 1-800-950-4004



Beckley
 Huntington
 Parkersburg
 Logan

HA 18885

PAGER PICKUP AGREEMENT

BILLING INFORMATION: (Full Address Required) (Please Print)

NAME: ROBINSON JOHN W
LAST FIRST MIDDLE
 ADDRESS: 3946 8TH ST RD HUNTINGTON, WV 25701
CITY STATE ZIP
 AUTHORIZED BY: JOHN ROBINSON 525-7524 DISABLED
NAME PHONE OCCUPATION

CUSTOMER INFORMATION:

NAME: ROBINSON JOHN W
LAST FIRST MIDDLE
 ADDRESS: 3946 8TH ST RD HUNTINGTON, WV 25701
CITY STATE ZIP
 PHONE: 525-7524
HOME
 DRIVERS LICENSE No.: C-547850 WV 8-20-60
STATE WORK BIRTH DATE
 SOCIAL SECURITY No.: 235-98-1215
 INFORMATION LISTED ABOVE CURRENT IN PHONE DIRECTORY? YES NO
 COMPANY: _____
 NEAREST RELATIVE: STEVIE ROBINSON 1-ADJUC 422-3878
NAME OCCUPATION DATE EMPLOYED RELATIONSHIP PHONE No.

CREDIT REFERENCES

Name of Creditor	Account Number	Original Balance	Present Balance	Carried in Name of
MT. SINCE HAMES				
COMMERCIAL BK.				
APP. RENTAL				

TERMS OF AGREEMENT

The terms of this agreement are completely described in our tariff on file with the Public Service Commission of West Virginia. A copy of that document is available for inspection at our offices during regular office hours. Protection for the paging units is not automatically provided, it is you and/or your firm's responsibility to either purchase a protection plan or insure this equipment against loss and damage, or pay the current replacement value should loss or damage occur. A protection plan is available for an annual fee of \$40.00 deductible.

Yes I want protection No I do not want protection

Use or possession of paging equipment that is not being paid for can initiate fines up to \$10,000 and/or incarceration.

Invoices will be sent out on the first of each month. Payment is due on the first of each month. Payment is \$15.00 re-connection fee may be applied. If I am in default you call further notice. You may also take any action permitted by law.

Responsibility for this equipment is your and your firm's until such time as the equipment is returned in good condition when received. Failure to pay for this equipment is your and/or your firm's responsibility.

"You, the buyer, may cancel this transaction at any time prior to the date of this agreement for an explanation of this right."

As an individual, and as a representative of my firm, I hereby certify that the information listed herein or obtained from me or my firm, I hereby certify to you that the foregoing information is true and correct. I agree (1) that this contract will be binding on me and/or my firm. I agree (2) that this contract is a copy of this contract with all blanks filled in.

his equipment against loss and damage, or pay the current replacement value should loss or damage occur. A protection plan is available for an annual fee of \$40.00 deductible.

Use or possession of paging equipment that is not being paid for can initiate fines up to \$10,000 and/or incarceration.

Invoices will be sent out on the first of each month. Payment is due on the first of each month. Payment is \$15.00 re-connection fee may be applied. If I am in default you call further notice. You may also take any action permitted by law.

Responsibility for this equipment is your and your firm's until such time as the equipment is returned in good condition when received. Failure to pay for this equipment is your and/or your firm's responsibility.

"You, the buyer, may cancel this transaction at any time prior to the date of this agreement for an explanation of this right."

As an individual, and as a representative of my firm, I hereby certify that the information listed herein or obtained from me or my firm, I hereby certify to you that the foregoing information is true and correct. I agree (1) that this contract is a copy of this contract with all blanks filled in.

[Signature]
 CUSTOMERS SIGNATURE (REQUIRED)

4-29-92
 DATE

DATE	DATE REQUIRED	P.O.	SALESPERSON	SHIP VIA
4-29-92	4-29-92		72	72
QUANTITY	STOCK NO.	DESCRIPTION	PRICE	AMOUNT
1	89	1-14852 525-3263		9.95
1	86	4-12732 525-3269		9.95
2	47	PROTECTION	2.00	4.00
2	61	TAX	48	96

OFFICE USE ONLY

(SS) (DL) (SF) (PN) (P1) (P17) (P3)
 (PP) (CD) (BK) (MA) (P3) (P18) (P50)

ACCT. #

SEE OTHER SIDE FOR IMPORTANT INFORMATION

Bill Robinson

Capitol Paging Corporate Office
 1420 Kanawha Boulevard, East
 Charleston, WV 25301
 (304) 345-3792
 In West Virginia 1-800-427-BEEP
 Outside West Virginia 1-800-950-4004



Beckley
 Huntington
 Parkersburg
 Logan

11918859

PAGER PICKUP AGREEMENT

BILLING INFORMATION: (Full Address Required) (Please Print)

NAME: Bolan GARY N.
LAST FIRST MIDDLE
 ADDRESS: 6467 Fairdale Rd Beville WV 25504
CITY STATE ZIP
 AUTHORIZED BY: G
NAME PHONE OCCUPATION

CUSTOMER INFORMATION:

NAME: Bolan GARY N.
LAST FIRST MIDDLE
 ADDRESS: Beville WV 25504
CITY STATE ZIP
 PHONE: 733-2975
HOME WORK
 DRIVERS LICENSE No.: CO 24672 WV 5/20/50
STATE BIRTH DATE
 SOCIAL SECURITY No.: 232-82-7230
 INFORMATION LISTED ABOVE CURRENT IN PHONE DIRECTORY? YES NO
 COMPANY: Appalachian Pressure Washing (OWNER)
NAME OCCUPATION DATE EMPLOYED
 NEAREST RELATIVE: _____
RELATIONSHIP PHONE No.

CREDIT REFERENCES

Name of Creditor	Account Number	Original Balance	Present Balance	Carried in Name of
<u>1st Nat. Bk.</u>		<u>6000.00</u>	<u>15984</u>	<u>Appalachian Pressure Washing</u>

TERMS OF AGREEMENT

The terms of this agreement are completely described in our tariff on file with the Public Service Commission of West Virginia. A copy of that document is available for inspection at our offices during regular office hours.
 Protection for the paging units is not automatically provided, it is you and/or your firms responsibility to either insure this equipment against loss and damage, or pay the current replacement value should loss or damage occur. A protection plan is available for an additional \$ 3.00 per unit per month. This covers your pager if lost or stolen. (There is a \$40.00 deductible.) Yes I want protection No I do not want protection
 Use or possession of paging equipment that is not being paid for on a regular basis has been deemed to constitute theft of service from a public utility which, upon conviction can initiate fines up to \$10,000 and/or incarceration for up to ten years!
 Invoices will be sent out on the first of each month. Payment is due by the twentieth of each month. If payment is not recieved on due date service will be terminated. A \$15.00 re-connection fee may be applied. If I am in default you can demand immediate payment of the unpaid balance plus any interest that is due without giving anyone further notice. You may also take any action permitted by any separate agreement I have signed or by law.
 Responsibility for this equipment is your and your firms until such time that it is returned to us in the same condition as when recieved. Your signature below verifies that the equipment was in good condition when recieved. Failure to promptly return equipment or surrender it upon request constitutes theft and will result in immediate legal action against you and/or your firm.
 "You, the buyer, may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction. See the attached notice of cancellation form for an explanation of this right."
 As an individual, and as a representative of my firm, I hereby authorize Capitol Pager or any credit bureau or other investigative agency employed by them, to investigate any information listed hereon or obtained from me or any other person pertaining to my and/or my firms financial responsibility. Intending that you shall rely upon my statement herein, I hereby certify to you that the foregoing information is true and complete. I understand the full terms and conditions of this agreement, and that it will be binding on me and/or my firm. I agree (1) that this contract includes the information on the reverse side of this page; and (2) that I read and the Buyer first signing below received a copy of this contract with all blanks filled in before I signed it.

x Mary N. Bolan
 CUSTOMERS SIGNATURE (REQUIRED) DATE

DATE	DATE REQUIRED	P.O.	SALESPERSON	SHIP VIA
	<u>4/24/92</u>		<u>9</u>	
QUANTITY	STOCK NO.	DESCRIPTION	PRICE	AMOUNT
<u>1</u>	<u>98</u>	<u>2-201078</u>	<u>525-3401</u>	<u>4 95</u>
<u>1</u>	<u>(2)</u>	<u>FAX</u>		<u>48</u>
		<u>1st month plan cash</u>		<u>11.00</u>

OFFICE USE ONLY
 (SS) (DL) (SF) (PN) (P1) (P7) (P3)
 (PP) (CD) (BK) (MA) (P3) (P18) (P50)
 ACCT. # _____

SEE OTHER SIDE FOR IMPORTANT INFORMATION

1420 Kanawha Boulevard, East
 Charleston, WV 25301
 (304) 345-3792
 In West Virginia 1-800-427-BEEP
 Outside West Virginia 1-800-850-4004



Huntington
 Parkersburg
 Logan

#008884

PAGER PICKUP AGREEMENT

BILLING INFORMATION: (Full Address Required) (Please Print)

NAME: COLLINS TROY SCOTT
 ADDRESS: 3706^{LAST} 3RD AVE HUNTINGTON, WV 25702
 CITY: HUNTINGTON STATE: WV ZIP: 25702
 AUTHORIZED BY: TROY SCOTT COLLINS PHONE: 762-2911 OCCUPATION: CONST.

CUSTOMER INFORMATION:

NAME: COLLINS TROY SCOTT
 ADDRESS: 3706^{LAST} 3RD AVE HUNTINGTON, WV 25702
 CITY: HUNTINGTON STATE: WV ZIP: 25702
 PHONE: 762-2911
 DRIVERS LICENSE No.: E-263804 STATE: WV WORK: 8-30-65 BIRTH DATE:
 SOCIAL SECURITY No.: 234-19-8431
 INFORMATION LISTED ABOVE CURRENT IN PHONE DIRECTORY? YES NO
 COMPANY: MIKE JUTTGW CONTRACTOR DATE EMPLOYED: 2-15-92
 NEAREST RELATIVE: JUDY COLLINS RELATIONSHIP: MOTHER PHONE No.: 762-2911

CREDIT REFERENCES

Name of Creditor	Account Number	Original Balance	Present Balance	Carried in Name of
<u>MIKE JUTTGW</u>				

TERMS OF AGREEMENT

The terms of this agreement are completely described in our tariff on file with the Public Service Commission of West Virginia. A copy of that document is available for inspection at our offices during regular office hours.

Protection for the paging units is not automatically provided. It is you and/or your firm's responsibility to either protect the equipment against loss and damage, or pay the current replacement value should loss or damage occur. A protection plan is available for an additional \$ 2.00 per unit per month. This covers your pager if lost or stolen. (There is a \$40.00 deductible.)

Yes I want protection No I do not want protection

Use or possession of paging equipment that is not being paid for on a regular basis has been deemed to constitute theft of service from a public utility which, upon conviction can instate fines up to \$10,000 and/or incarceration for up to ten years.

Invoices will be sent out on the first of each month. Payment is due by the twentieth of each month. If payment is not received on due date service will be terminated. A \$15.00 re-connection fee may be applied. If I am at default you can demand immediate payment of the unpaid balance plus any interest that is due without giving anyone further notice. You may also take any action permitted by any separate agreement I have signed or file.

Responsibility for this equipment is your and your firm's until such time that it is returned to us in the same condition as when received. Your signature below verifies that the equipment was in good condition when received. Failure to promptly return equipment or surrender it upon request constitutes theft and will result in immediate legal action against you and/or your firm.

"Yes, the Buyer, may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction. See the attached notice of cancellation form for an explanation of this right."

As an individual, and as a representative of my firm, I hereby authorize Capital Pager or any credit bureau or other investigative agency employed by them, to investigate any information listed hereon or obtained from me or any other person pertaining to my and/or my firm's financial responsibility. Intending that you shall rely upon my statement herein, I hereby certify to you that the foregoing information is true and complete. I understand the full terms and conditions of the agreement, and that it will be binding on me and/or my firm. I agree (1) that this contract includes the information on the reverse side of this page, and (2) that I read and the Buyer first signed below received a copy of this contract with all terms listed in before I signed it.

Troy S. Collins 4-23-92
 CUSTOMERS SIGNATURE (REQUIRED) DATE

DATE	DATE REQUIRED	P.O.	SALESPERSON	SHIP VIA
<u>4-23-92</u>	<u>4-23-92</u>		<u>72</u>	<u>72</u>
QUANTITY	STOCK NO.	DESCRIPTION	PRICE	AMOUNT
<u>1</u>	<u>88</u>	<u>4-12694</u>	<u>528-3459</u>	<u>9.95</u>
<u>1</u>	<u>47</u>	<u>PROTECTION</u>		<u>2.00</u>
<u>1</u>	<u>61</u>	<u>TRX</u>		<u>.98</u>

OFFICE USE ONLY
 SS () DL () SF () PN () P1 () P17 () P3 ()
 PP () BK () MA () P3 () P18 () P50 ()
 ACCT. # 1243

SEE OTHER SIDE FOR IMPORTANT INFORMATION
 had first private carrier 6 months ago. wanted months to try again. MONTRAY

SALES ORDER

CAPITOL RADIO TELEPHONE COMPANY, INC.

1420 KANAWHA BLVD., EAST
 CHARLESTON, WV 25301
 (304) 345-3792

19132
 PRIVATE
 SHIP TO
 168 8134 (carrier)

GARY SCOTT
 4926 Ohio St
 In Ohio WVa

DATE	DATE REQUIRED	CUST. ORDER NO.	TAX EXEMPT NO.	TERMS	F.O.B.	SALESPERSON	SHIP VIA
9-1	9-1-91					12	
QUANTITY	STOCK NO.	DESCRIPTION			PRICE	AMOUNT	
1		2-00299 (357-71616)			17.50	15	00
		PRIVATE CARRIER					
1		7-14965 (357-71665)					
MOSE. RETD.	PAID OUT	<input type="checkbox"/> CASH	<input type="checkbox"/> C.O.D.	RECEIVED BY		TOTAL	15 00
		<input type="checkbox"/> CHARGE	<input type="checkbox"/> CREDIT				

THIS SLIP MUST ACCOMPANY
 ALL CLAIMS AND RETURNED GOODS

Thank You

1420 Kanawha Boulevard, East
 Charleston, WV 25301
 (304) 345-3792
 In West Virginia 1-800-427-BEEP
 Outside West Virginia 1-800-950-4004



Huntington
 Parkersburg
 Logan

PAGER PICKUP AGREEMENT

07651

BILLING INFORMATION: (Full Address Required) (Please Print)

NAME: Feldhause Douglas
LAST FIRST MIDDLE
 ADDRESS: 97 Midway Dr Danbar W Va 25020
CITY STATE ZIP
 AUTHORIZED BY: _____
NAME PHONE OCCUPATION

CUSTOMER INFORMATION:

NAME: Friend of Mike Ray
LAST FIRST MIDDLE
 ADDRESS: _____
CITY STATE ZIP
 PHONE: _____
HOME WORK
 DRIVERS LICENSE No.: _____
STATE BIRTH DATE
 SOCIAL SECURITY No.: 234-90-2276
 INFORMATION LISTED ABOVE CURRENT IN PHONE DIRECTORY? YES NO
 COMPANY: _____
NAME OCCUPATION DATE EMPLOYED
 NEAREST RELATIVE: _____
RELATIONSHIP PHONE No

CREDIT REFERENCES

Name of Creditor	Account Number	Original Balance	Present Balance	Carried in Name of

TERMS OF AGREEMENT

The terms of this agreement are completely described in our tariff on file with the Public Service Commission of West Virginia. A copy of that document is available at our offices during regular office hours.
 Protection for the paging units is not automatically provided. It is you and/or your firm's responsibility to either insure this equipment against loss and damage, or pay current replacement value should loss or damage occur. A protection plan is available for an additional \$_____ per unit per month. This covers your pager if it is stolen. (There is a \$40.00 deductible.)
 Yes I want protection No I do not want protection
 Use or possession of paging equipment that is not being paid for on a regular basis has been deemed to constitute theft of service from a public utility which, if conviction can initiate fines up to \$10,000 and/or incarceration for up to ten years!
 Invoices will be sent out on the first of each month. Payment is due by the twentieth of each month. If payment is not received on due date service will be terminated. \$15.00 re-connection fee may be applied. If I am in default you can demand immediate payment of the unpaid balance plus any interest that is due without giving any further notice. You may also take any action permitted by any separate agreement I have signed or by law.
 Responsibility for this equipment is your and your firm's until such time that it is returned to us in the same condition as when received. Your signature below verifies the equipment was in good condition when received. Failure to promptly return equipment or surrender it upon request constitutes theft and will result in immediate action against you and/or your firm.
 "You, the buyer, may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction. See the attached notice cancellation form for an explanation of this right."

As an individual, and as a representative of my firm, I hereby authorize Capitol PAGER or any credit bureau or other investigative agency employed by them to investigate any information listed hereon or obtained from me or any other person pertaining to my and/or my firm's financial responsibility. Intending that you shall upon my statement herein, I hereby certify to you that the foregoing information is true and complete. I understand the full terms and conditions of this agreement, that it will be binding on me and/or my firm. I agree (1) that this contract includes the information on the reverse side of this page; and (2) that I read and the Buyer signing below received a copy of this contract with all blanks filled in before I signed it.

x Victoria Feldhause ok-Jur
 CUSTOMERS SIGNATURE (REQUIRED) DATE written by Mike Ray

DATE	DATE REQUIRED	P.O.	SALES PERSON	SHIP VIA
<u>1-1-92</u>	<u>12/24/91</u>		<u>18/19</u>	
QUANTITY	STOCK NO.	DESCRIPTION	PRICE	AMOUNT
<u>1</u>	<u>47</u>	<u>2-00139</u> <u>341-0851</u>		<u>15-</u>

Private Carrier

1420 Kanawha Boulevard, East
 Charleston, WV 25301
 (304) 345-3792
 In West Virginia 1-800-427-BEEP
 Outside West Virginia 1-800-950-4004



Huntington
 Parkersburg
 Logan

PAGER PICKUP AGREEMENT

09 808

BILLING INFORMATION: (Full Address Required) (Please Print)

NAME: Smith Wanda E.
LAST FIRST MIDDLE
 ADDRESS: 676-C S. Park Road Char, WV 2531
CITY STATE ZIP
 AUTHORIZED BY: Wanda 925-9461
NAME PHONE OCCUPATION

CUSTOMER INFORMATION:

NAME: _____
LAST FIRST MIDDLE
 ADDRESS: _____
CITY STATE ZIP
 PHONE: _____
HOME WORK
 DRIVERS LICENSE No.: TD 37330 TD WV 5/5/76
STATE BIRTH DATE
 SOCIAL SECURITY No.: 236-06-7803
 INFORMATION LISTED ABOVE CURRENT IN PHONE DIRECTORY? YES NO
 COMPANY: Holiday Inn Charleston Huntington 56
NAME OCCUPATION DATE EMPLOYED
 NEAREST RELATIVE: Margaretta Baker Cousin 344-98
RELATIONSHIP PHONE No.

CREDIT REFERENCES

Name of Creditor	Account Number	Original Balance	Present Balance	Carried in Name of
<u>One Valley Savings</u>			<u>0</u>	

TERMS OF AGREEMENT

The terms of this agreement are completely described in our tariff on file with the Public Service Commission of West Virginia. A copy of that document is available for inspection at our offices during regular office hours.
 Protection for the paging units is not automatically provided, it is you and/or your firms responsibility to either insure this equipment against loss and damage, or pay the current replacement value should loss or damage occur. A protection plan is available for an additional \$ _____ per unit per month. This covers your pager if lost or stolen: (There is a \$40.00 deductible.)
 Yes I want protection No I do not want protection
 Use or possession of paging equipment that is not being paid for on a regular basis has been deemed to constitute theft of service from a public utility which, upon conviction can initiate fines up to \$10,000 and/or incarceration for up to ten years!
 Invoices will be sent out on the first of each month. Payment is due by the twentieth of each month. If payment is not recieved on due date service will be terminated. A \$15.00 re-connection fee may be applied. If I am in default you can demand immediate payment of the unpaid balance plus any interest that is due without giving anyone further notice. You may also take any action permitted by any separate agreement I have signed or by law.
 Responsibility for this equipment is your and your firms until such time that it is returned to us in the same condition as when recieved. Your signature below verifies that the equipment was in good condition when recieved. Failure to promptly return equipment or surrender it upon request constitutes theft and will result in immediate legal action against you and/or your firm.
 "You, the buyer, may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction. See the attached notice of cancellation form for an explanation of this right."
 As an individual, and as a representative of my firm, I hereby authorize Capitol Pager or any credit bureau or other investigative agency employed by them, to investigate any information listed hereon or obtained from me or any other person pertaining to my and/or my firms financial responsibility. Intending that you shall rely upon my statement herein, I hereby certify to you that the foregoing information is true and complete. I understand the full terms and conditions of this agreement, and that it will be binding on me and/or my firm. I agree (1) that this contract includes the information on the reverse side of this page; and (2) that I read and the Buyer first signing below received a copy of this Contract with all blanks filled in before I signed it.

Wanda Smith 3/4/92
 CUSTOMERS SIGNATURE (REQUIRED) DATE

DATE: 5/4/92 DATE REQUIRED: 5/4/92 P.O. SALES PERSON: 19 SHIP VIA: ten

QUANTITY	STOCK NO.	DESCRIPTION	PRICE	AMOUNT
<u>1</u>	<u>49</u>	<u>Print/Carrier Voice</u>		<u>90.00</u>
	<u>4-13619</u>	<u>341-1818</u>		

1420 Kanawha Boulevard, East
 Charleston, WV 25301
 (304) 345-3792
 In West Virginia 1-800-427-BEEP
 Outside West Virginia 1-800-950-4004



Huntington
 Parkersburg
 Logan

PAGER PICKUP AGREEMENT

40 822

BILLING INFORMATION: (Full Address Required) (Please Print)

NAME: BRUNFIELD ZACHARY S
LAST FIRST MIDDLE
 ADDRESS: Rt 2 Box 252 1/2 Char, WV 25314
CITY STATE ZIP
 AUTHORIZED BY: _____
NAME PHONE OCCUPATION

CUSTOMER INFORMATION:

NAME: _____
LAST FIRST MIDDLE
 ADDRESS: _____
CITY STATE ZIP
 PHONE: Not 343-8561
HOME WORK
 DRIVERS LICENSE No.: E510036 4/64/70
STATE BIRTH DATE
 SOCIAL SECURITY No.: 235-33-5326
 INFORMATION LISTED ABOVE CURRENT IN PHONE DIRECTORY? YES NO
 COMPANY: Central Paging Emo.
NAME OCCUPATION DATE EMPLOYED
 NEAREST RELATIVE: Roger Brunfield Dad 345-5311
RELATIONSHIP PHONE No.

CREDIT REFERENCES

Name of Creditor	Account Number	Original Balance	Present Balance	Earned in Name of
No				
No				

TERMS OF AGREEMENT

The terms of this agreement are completely described in our tariff on file with the Public Service Commission of West Virginia. A copy of that document is available for inspection at our offices during regular office hours.
 Protection for the paging units is not automatically provided, it is you and/or your firms responsibility to either insure this equipment against loss and damage, or pay the current replacement value should loss or damage occur. A protection plan is available for an additional \$_____ per unit per month. This covers your pager if lost or stolen; (There is a \$40.00 deductible.)
 Yes I want protection No I do not want protection
 Use or possession of paging equipment that is not being paid for on a regular basis has been deemed to constitute theft of service from a public utility which, upon conviction can initiate fines up to \$10,000 and/or incarceration for up to ten years!
 Invoices will be sent out on the first of each month. Payment is due by the twentieth of each month. If payment is not recieved on due date service will be terminated. A \$15.00 re-connection fee may be applied. If I am in default you can demand immediate payment of the unpaid balance plus any interest that is due without giving anyone further notice. You may also take any action permitted by any separate agreement I have signed or by law.
 Responsibility for this equipment is your and your firms until such time that it is returned to us in the same condition as when recieved. Your signature below verifies that the equipment was in good condition when recieved. Failure to promptly return equipment or surrender it upon request constitutes theft and will result in immediate legal action against you and/or your firm.
 "You, the buyer, may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction. See the attached notice of cancellation form for an explanation of this right."
 As an individual, and as a representative of my firm, I hereby authorize Capitol Pager or any credit bureau or other investigative agency employed by them, to investigate any information listed hereon or obtained from me or any other person pertaining to my and/or my firms financial responsibility. Intending that you shall rely upon my statement herein, I hereby certify to you that the foregoing information is true and complete. I understand the full terms and conditions of this agreement, and that it will be binding on me and/or my firm. I agree (1) that this contract includes the information on the reverse side of this page; and (2) that I read and the Buyer first signing below received a copy of this contract with all blanks filled in before I signed it.

Zachary Brunfield 5/20/92
 CUSTOMERS SIGNATURE (REQUIRED) DATE

DATE	DATE REQUIRED	P.O.	SALESPERSON	SHIP VIA
<u>5/20/92</u>	<u>5/20/92</u>		<u>C19</u>	<u>Team</u>
QUANTITY	STOCK NO.	DESCRIPTION	PRICE	AMOUNT
<u>1</u>		<u>Private Pager Voice</u>		<u>20.00</u>
		<u>2-CC299 341-8605</u>		

1425 Kanawha Boulevard, E.S.S.
 Charleston, WV 25301
 (304) 345-3792
 In West Virginia 1-800-427-BEEP
 Outside West Virginia 1-800-950-4004



Huntington
 Parkersburg
 Logan

PAGER PICKUP AGREEMENT

40 821

BILLING INFORMATION: (Full Address Required) (Please Print)

NAME: SMITH PHILIP D.
LAST FIRST MIDDLE
 ADDRESS: 676 S. PARK RD. Char, WV
CITY STATE ZIP
 AUTHORIZED BY: _____
NAME PHONE OCCUPATION
925-9461

CUSTOMER INFORMATION:

NAME: _____
LAST FIRST MIDDLE
 ADDRESS: _____
CITY STATE ZIP
 PHONE: 925-9461 925-6814
HOME WORK
 DRIVERS LICENSE No.: LD29207 15/26/67
STATE BIRTH DATE
 SOCIAL SECURITY No.: 236-06-9230
 INFORMATION LISTED ABOVE CURRENT IN PHONE DIRECTORY? YES NO
 COMPANY: Wmaly Sims
NAME OCCUPATION DATE EMPLOYED
 NEAREST RELATIVE: _____
RELATIONSHIP PHONE No.

CREDIT REFERENCES

Name of Creditor	Account Number	Original Balance	Present Balance	Carried in Name of
<u>One Valley Savings</u>				

TERMS OF AGREEMENT

The terms of this agreement are completely described in our tariff on file with the Public Service Commission of West Virginia. A copy of that document is available for inspection at our offices during regular office hours.
 Protection for the paging units is not automatically provided, it is you and/or your firms responsibility to either insure this equipment against loss and damage, or pay the current replacement value should loss or damage occur. A protection plan is available for an additional \$ _____ per unit per month. This covers your pager if lost or stolen: (There is a \$40.00 deductible.)
 Yes I want protection No I do not want protection
 Use or possession of paging equipment that is not being paid for on a regular basis has been deemed to constitute theft of service from a public utility which, upon conviction can initiate fines up to \$10,000 and/or incarceration for up to ten years.
 Invoices will be sent out on the first of each month. Payment is due by the twentieth of each month. If payment is not recieved on due date service will be terminated. A \$15.00 re-connection fee may be applied. If I am in default you can demand immediate payment of the unpaid balance plus any interest that is due without giving anyone further notice. You may also take any action permitted by any separate agreement I have signed or by law.
 Responsibility for this equipment is your and your firms until such time that it is returned to us in the same condition as when recieved. Your signature below verifies that the equipment was in good condition when recieved. Failure to promptly return equipment or surrender it upon request constitutes theft and will result in immediate legal action against you and/or your firm.
 "You, the buyer, may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction. See the attached notice of cancellation form for an explanation of this right."
 As an individual, and as a representative of my firm, I hereby authorize Capitol Pager or any credit bureau or other investigative agency employed by them, to investigate any information listed hereon or obtained from me or any other person pertaining to my and/or my firms financial responsibility. Intending that you shall rely upon my statement herein, I hereby certify to you that the foregoing information is true and complete. I understand the full terms and conditions of this agreement, and that it will be binding on me and/or my firm. I agree (1) that this contract includes the information on the reverse side of this page; and (2) that I read and the Buyer first signing below received a copy of this contract with all blanks filled in before I signed it.

[Signature] _____
 CUSTOMERS SIGNATURE (REQUIRED) DATE
 DATE DATE REQUIRED P.O. SALESPERSON SHIP VIA C
5/18/92 _____ 019 _____
 QUANTITY STOCK NO. DESCRIPTION PRICE AMOUNT
1 _____ Private Pager Voice _____
413718
341-2682