

Conference Call “InfoPack”

Call **610-913-9925**

Congratulations on your decision to take a closer look at ACN. As you will soon discover, ACN offers you the potential to capitalize on the trillion dollar deregulation of telecommunications, gas and electric utilities, and internet commerce. As an independent representative you will be able to leverage your time and efforts to build an agent and customer base that will pay you **passive residual income** for years to come!

Through ACN you can offer your customers a comprehensive package of service, including discount long distance, paging, utilities, and internet access. Plus, you'll soon be able to add local phone service, digital satellite cable, online shopping, and a host of other valuable products to your portfolio. **You'll make money every time your customers pick up a phone, turn on a light, surf the web, watch TV, or even receive a page!**

The enclosed reprints and documentation are for your review. Please have them on hand during the conference call. But don't worry too much about the specifics in the compensation plan. It will all be outlined in detail on the call. Make no mistake, this call is going to blow you away. You are going to learn things you never knew before—and better yet, you'll learn how to capitalize on this information *immediately*.

Please be sure to set aside about 35 minutes for the call, and be sure to find a quiet room. This nationwide call is fully interactive, and any outside noise will serve as a distraction. The call will begin promptly at the time listed above.

RESIDUAL INCOME

YOU 2% to 8%

**LIFETIME
PASSIVE
RESIDUAL
INCOME !!**

Level 1. 1/4%

Level 2. 1/4%

Level 3. 1/4%

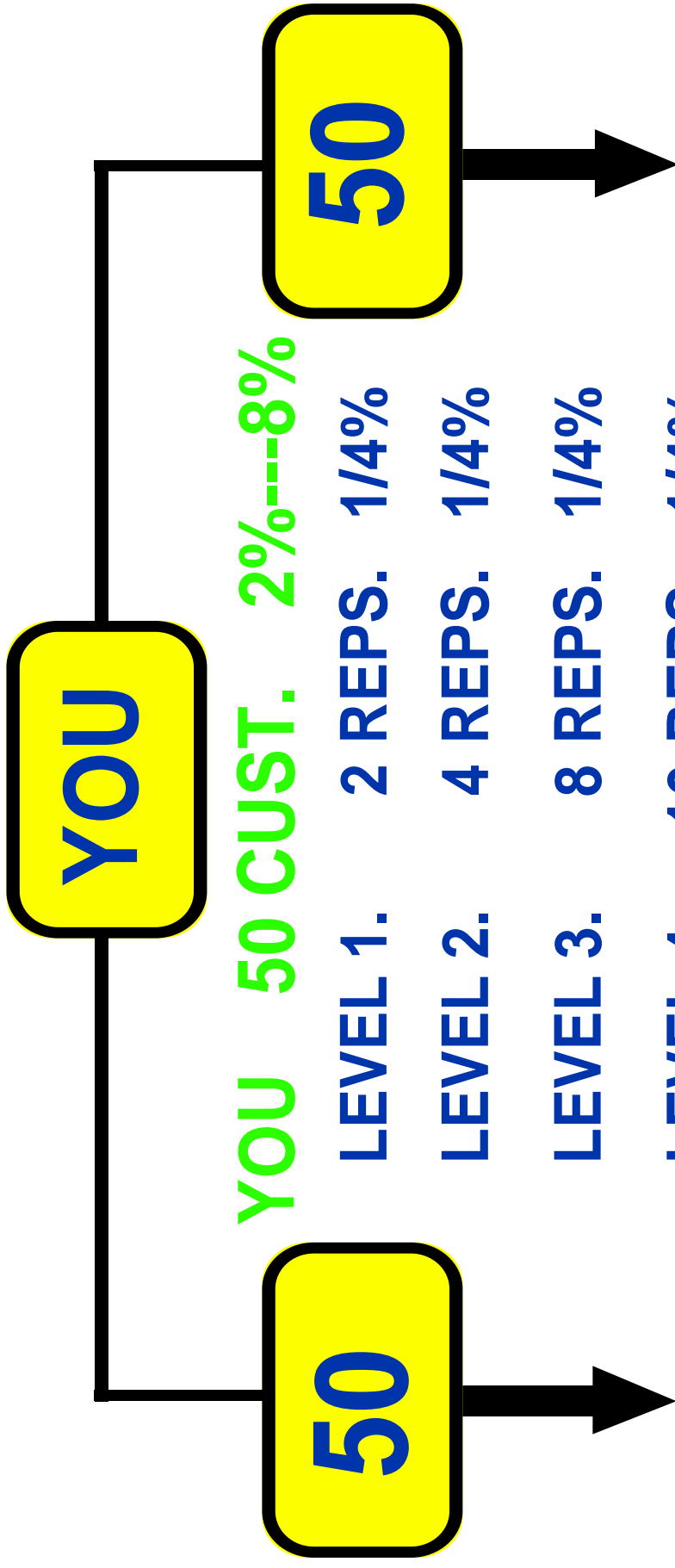
Level 4. 1/4%

Level 5. 1/4%

Level 6. 1%

Level 7. 6% (5%)

THEORETICAL EXAMPLE !



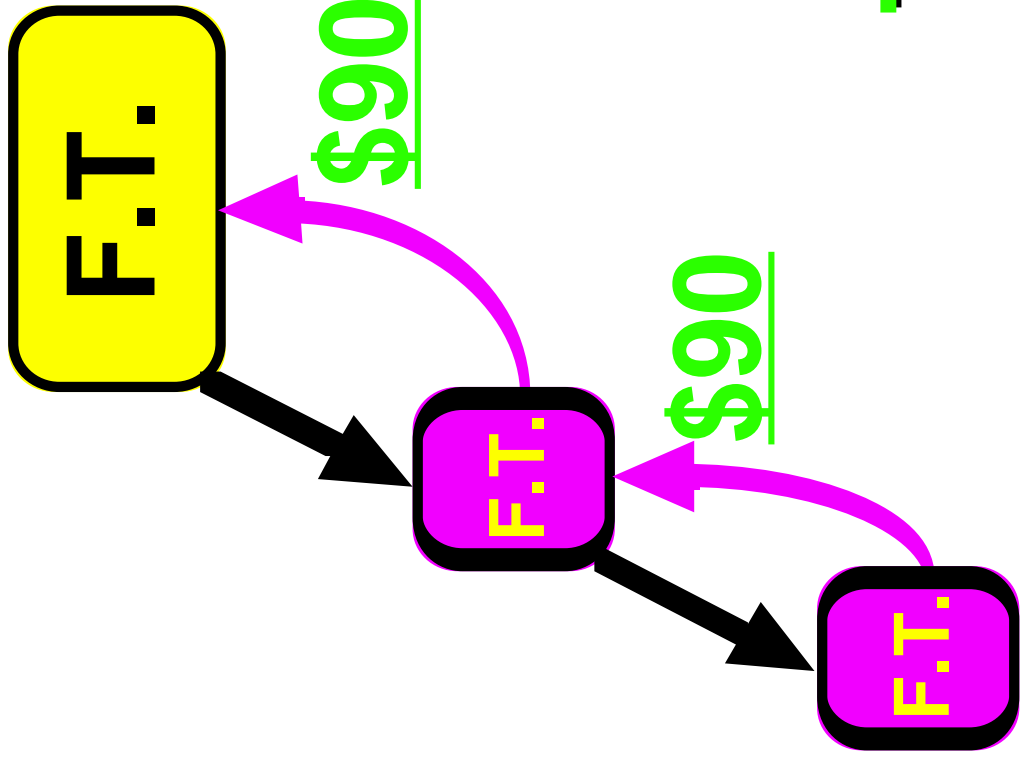
7th Level: 1Rep. x 50cust. x \$30 in billing x 6% = \$90 To You

STARTING POSITIONS

	OCR	FT
RESIDENTIAL	\$99 <input checked="" type="checkbox"/>	\$499 <input checked="" type="checkbox"/>
COMMERCIAL		<input checked="" type="checkbox"/>
PAGING		<input checked="" type="checkbox"/>
INTERNET		<input checked="" type="checkbox"/>
ENERGY		<input checked="" type="checkbox"/>
INTERNATIONAL		<input checked="" type="checkbox"/>
FUTURE SERVICES		<input checked="" type="checkbox"/>
C.A.B.		<input checked="" type="checkbox"/>

FIELD TRAINER (FT)

6 CUSTOMERS / 30 DAYS



CAB

EARNED POSITIONS

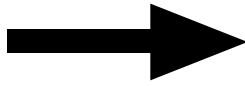


PERSONALLY

SPONSORED FT'S = \$150 = \$240 = \$275

GROUP

SPONSORED FT'S = \$ 60 = \$150 = \$185



R.V.P. Benefits

R.V.P. VACATION

STOCK OPTIONS

1/2% LDU PAST 7th LEVEL



American Communications Network, Inc.

INDEPENDENT REPRESENTATIVE AGREEMENT

Office Use Only Data Entry Date

Applicant Information

PLEASE TYPE OR PRINT CLEARLY

Form with fields for Last Name, First Name, Middle Initial, Home Telephone, Social Security #, Company Name, Business Telephone, Federal Tax I.D. #, Birthdate of Applicant, Birthdate of Principal, Mailing Address, City, State, Zip.

Sponsor Information

Form with fields for Last Name/Company Name, First Name, Middle Initial, Telephone, Social Security #/Fed Tax I.D. #

Personal Check (make payable to ACN) [] Visa/MasterCard [] Cashier's Check [] MoneyOrder

[] Optional Customer Representative - I elect to participate at the Optional Customer Representative Position
[] Field Trainer - I elect to participate at the Optional Field Trainer Position

I, the undersigned, authorize ACN to charge the credit card account listed below and acknowledge that I have legal authority to enter into this agreement t have caretully read the terms and conditions and acknowledge this by signing at the bottom of the page

Signature

Visa MasterCard Account Number

Expiration Date

Consult ACN Compensation Plan for Optional Position Fees

I prefer my Independent Representative Kit/Packet in the following language (choose one): [] English [] Spanish

I understand that there is no requirement beyond filing of this application and no purchase of saies or training materials are required to become an Independent Representative, other than the purchase of a Sales Kit, which is sold at ACN's cost. My advancement to higher levels in the ACN marketing plan is based solely upon the acquisition o1 customers and telecommunications usage. I acknowledge that any purchase of sales aids, training materials or training is strictly voluntary. I also understand that it I choose to sponsor others to participate in ACN's marketing plan, I will not receive any compensation whatsoever for the act of sponsoring or recruiting, and that I will be compensated based upon the activities of other Independent Representatives (IR's) only to the extent of sales made by them to end customers.

Terms

- 1. I, the undersigned Applicant, affirm that I am of legal age in the state of execution of this Agreement.
2. I understand that this Agreement is not binding until received and accepted by ACN. I agree to timely pay for any products materials services or other items that I purchase from ACN. In the event that I am delinquent with respect to such payments, I acknowledge that ACN may offset such debt from any monies owing to me under its Compensation Program
3. I agree that I am an IR responsible for my own business and not an agent, legal representative or employee of ACN or any party with whom ACN transacts or contracts business. I agree that I will not be representing in any manner, that I am an agent, representative, legal representative or employee of ACN or any party with whom ACN transacts or contracts business and will not be treated as an employee for purposes of any Federal, State or local statute, regulation, ordinance or other law
4. I may terminate this Agreement for any reason, at any time, by giving ACN prior written notice at its address of record. ACN may terminate this Agreement pursuant to its Policies and Procedures or in the event that I breach any part of this Agreement. I may cancel this transaction, without penalty or obligation, for full refund, within three (3) business days from the date of this Agreement, exclusive of the date of signing. I understand that if I cancel after the three (3) day period, I am not entitled to a full refund. If I cancel within the 3 business days from the date of this Agreement, any payments made by me under this Agreement and any instrument executed by me will be returned within ten (10) business days following receipt by ACN of my Cancellation Notice. If I cancel, I must make any literature or materials I have received available for return to ACN in substantially as good condition as when received. To cancel this Agreement, I must mail, via registered or certified mail, return receipt requested, or deliver personally to ACN a signed, dated copy of a Cancellation Notice or send a telegram to Amencan Communications Network, Inc., 100 W. Big Beaver, Suite 400, P.O. Box 5000, Troy, Michigan 48007-5000. If cancellation occurs after three (3) business days from the date of this Agreement, Item #5 applies.
5. Upon request or written notice of termination of this Agreement pursuant to the procedures set forth by Paragraph 4 within one (1) year from the date of purchase, ACN shall repurchase the Marketing Kit, provided that, the Marketing Kit is returned to ACN in a usable and resalable condition. The repurchase price shall be at a price of not less than 90% of ACN's cost to provide the marketing kit to the Independent Representative.

PLEASE SEE REVERSE SIDE FOR ADDITIONAL TERMS

Signature

I hereby apply to become an Independent Representative for American Communications Network, Inc. ("ACN") and have carefully read and agree to abide by all terms and conditions of this Agreement, the Compensation Plan, Marketing Plan and the ACN Policies and Procedures which are Incorporated by reference herein.

A PARTICIPANT IN THIS MULTI-LEVEL MARKETING PLAN HAS A RIGHT TO CANCEL AT ANY TIME, REGARDLESS OF REASON. CANCELLATION MUST BE SUBMITTED IN WRITING TO ACN AT ITS PRINCIPAL BUSINESS ADDRESS.

Kit Received [] Yes [] No

PLEASE SEE ITEMS #4, 5, & 6 FOR IMPORTANT CANCELLATION INFORMATION

Box with text: If yes, Place Kit Barcode Here

Form with fields for Applicant's Signature and Date