PacInfo
INTERNET SOLUTIONS

Internet Application for **Business** Account
DSL Access Service (includes 1 email address)

Company_____ Contact: _____

Street _____ Suite # _____

City _____ State _____ Zip Code _____

Voice Line (_____)_____ Fax Line (_____)_____

System: ☐ Windows XP ☐ Windows 2000 ☐ Windows 95/98/ME ☐ Macintosh ☐ Other _____

Select Service		Select Billing Options *(Select One)*		
☐ Monthly	$ 31.00	Automatic Payment: ☐ Bank Account ☐ Credit Card		
☐ Quarterly	90.00	*(Receipt of payment by email. No statement will be sent.)*		
☐ Semi-Annual	175.00	Statement Method: ☐ Email ☐ Paper ($1/inv fee)		
☐ Annual	340.00	**Other correspondence, including Late Notices,**		
☐ Static IP (mo.)	5.00	**will be sent via email.**		

Your first Invoice will include Service prorated to the end of the month. The first two invoices are due at activation.
A $15 Setup Fee is also due.

Required for included Email Account:

Username (lower case only!)

First Choice: _____

Second Choice: _____

Your username identifies your account with PacInfo and is part of your email address. It must be at least 3 characters long, and must be all lower case. Usernames cannot begin with a number.

Password: _____

Your password should be 6 to 8 characters long. It is recommended that your password contain both upper and lower case letters and a number or symbol.

Use of PacInfo services constitutes acceptance of the Terms and Conditions for Internet Access as posted on the PacInfo Web Site. These Terms and Conditions are subject to change. It is your responsibility to know the Terms and Conditions for use of PacInfo Internet Access Services. **Your initials to the right signify you have read this paragraph**.

_____

I certify that I am authorized to sign on behalf of the above named company, and that the information on this form is current and correct to the best of my knowledge.

Signature: _____ Date: _____

Cust ID #

If you have any questions, call our office at **(541) 344-5006** or send e-mail to billing@pacinfo.com.
All Fees are subject to change. Current fee structure at time of application will prevail.

For Office use only

☐ Application Date: _____/_____/_____ [_____] ☐ Referral _____

PAYMENT INFORMATION: **CREDIT CARD / CHECKING / SAVINGS**

☐ **VISA**   ☐ **MasterCard**

Name on Credit Card

_____

Account Number

▢▢▢▢ - ▢▢▢▢ - ▢▢▢▢ - ▢▢▢▢ ▢

Exp Date   CVV (required only for domain registration)

▢▢ / ▢▢   ▢ ▢ ▢ ▢ ▢ ▢ ▢

☐ Automatic Payment   ☐ One time payment.   Store # for future payment(s)? **Yes** / No

Automatic Credit Card payments are processed on the 1st business day of each month. In the event any payment is not approved, you will be assessed a $10 processing fee and contacted to make an alternate form of payment. If payment is not made by the 15th of the month, the account is subject to temporary suspension, and may be terminated and removed from the PacInfo server if payment is not received within 15 days of suspension.

☐ **Checking Account**   ☐ **Savings Account**

Name on Account

_____

Bank Account Number

▢▢▢▢▢▢▢▢▢▢▢▢▢▢▢▢▢▢

Bank Routing Number

▢▢▢▢▢▢▢▢▢

☐ Automatic Payment   ☐ One time payment.   Store # for future payment(s)? **Yes** / No

Automatic Withdrawal payments (ACH) are processed on the 1st business day of each month. In the event any payment is returned for non-sufficient funds, a $10 NSF fee will be assessed and full payment must be made within 5 days of email notification from PacInfo. If payment is not made, the account is subject to temporary suspension, and may be terminated and removed from the PacInfo server if payment is not received within 15 days of suspension. Any account suspended for NSF payments more than twice in any 12 month period is no longer eligible for automatic withdrawal.

☐ **Billing Information is same as above**

Name

_____

Organization / Company

_____

Street / P.O Box _____   Suite # _____

City _____   State _____   Zip Code _____

I certify that I am the account holder or authorized signer, and I hereby authorize PacInfo to process automatic payments to my internet service account using the method and account indicated above. This authorization is to remain in force and effect until PacInfo has received 30 day written notification from me, whereupon PacInfo will cease processing my payment automatically. I understand automatic payments are processed on the 1st business day of each month.

Authorized Signature _____ **Date** _____