



Internet Application for Business Account
ISDN Digital Dial-Up Service

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	Month	Select Billing Options <i>(Select One)</i>
<input type="checkbox"/> Dialup/1 Channel	\$ 25.00	Automatic Payment: <input type="checkbox"/> Bank Account <input type="checkbox"/> Credit Card (Receipt of payment by email. No statement will be sent.) Statement Method: <input type="checkbox"/> Email <input type="checkbox"/> Paper (\$1/inv fee) Other correspondence, including Late Notices, will be sent via email.
<input type="checkbox"/> Dialup/2 Channel	40.00	
<input type="checkbox"/> Dedicated Line	150.00	

Your first invoice will include Service prorated to the end of the month. The first two invoices are due at activation.
A \$10 Setup Fee is also due. Setup Fee is waived at this time!

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: _____

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 _____

Cust ID #

