



**Internet Application for INDIVIDUAL Account**  
**56K Digital Dial-Up Service (includes 1 email address)**

Name \_\_\_\_\_

Street \_\_\_\_\_ Apt/Suite # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ Home Phone (if different) (\_\_\_\_\_) \_\_\_\_\_

System:  Windows XP  Windows 2000  Windows 95/98/ME  Macintosh  Other \_\_\_\_\_

Select Service	Select Billing Options <i>(Select One)</i>
<input type="checkbox"/> Monthly \$ 21.00	Automatic Payment: <input type="checkbox"/> Bank Account <input type="checkbox"/> Credit Card (Receipt of payment by email. No statement will be sent.)
<input type="checkbox"/> Quarterly 60.00	Statement Method: <input type="checkbox"/> Email <input type="checkbox"/> Paper (\$1/inv fee)
<input type="checkbox"/> Semi-Annual 114.00	Other correspondence, including Late Notices, will be sent via email.
<input type="checkbox"/> Annual 216.00	

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 over 18, 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](mailto: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 #**

