



The Caribbean's Premier Communications Provider / Enabler

ADSL Ultranet - Application Form

Date ___/___/___

CONTACT INFORMATION:

Name: _____

Address: _____

Home Phone #: _____ Work Phone #: _____ Fax #: _____

PLAN REQUIRED:

	No. of Extensions	Telephone Number ADSL is to be installed on:
CORPORATE <input type="checkbox"/>	_____	_____

EMAIL INFORMATION:

FULL NAME (S)	EMAIL ADDRESS (From 2 - 14 Characters)	EMAIL PASSWORDS (From 6 - 8 Characters)
_____	_____@mail.infochan.com	_____
_____	_____@mail.infochan.com	_____
_____	_____@mail.infochan.com	_____
_____	_____@mail.infochan.com	_____
_____	_____@mail.infochan.com	_____
_____	_____@mail.infochan.com	_____
_____	_____@mail.infochan.com	_____

PLEASE INDICATE THE OPERATING SYSTEM USED

Windows XP Windows M.E. Windows 98 Windows 95 Macintosh

Other: _____

CREDIT CARD INFORMATION

All payments for *InfoChannel* Web Hosting Plans must be made by credit card. This credit card account will be checked before subscribers are allowed to commence service and therefore periodically.

NAME OF CREDIT CAD HOLDER: _____

CREDIT CARD #: _____/_____/_____/_____

EXPIRY DATE: _____ CARD TYPE: _____

CURRENCY: J\$ US\$ OTHER (Specify): _____

AUTHORIZED SIGNATURE FOR CREDIT CARD CHARGE: _____



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ACCEPTANCE OF TERMS AND CONDITIONS

This agreement must be signed by the individual requesting the subscription in recognition and acceptance of the Terms and Conditions that apply to this Agreement.

Authorised Customer Signature: _____

Date: _____