

Automated Computer Concepts Inc.

First Name: _____ Last Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Fax: _____

Previous ISP : _____ Reason for leaving: _____

How did you hear about us? _____ Referred by: _____

NEW ACCOUNT INFORMATION / SERVICE TYPE

Preferred username: (Maximum 8 alpha characters/numbers or combinations / 2 choices)

1st: _____ 2nd: _____ Password: _____

Preferred email address: (Maximum 8 alpha characters/numbers or combinations / 2 choices)

1st: _____ 2nd: _____ Password: _____

Current Operating System (circle one): Windows 9x/ME Windows NT/2000/XPAccount Type (circle one): Email Only Unlimited InternetBilling Method (circle one): Monthly Quarterly Semi-Annual AnnualStartup Payment Method (circle one): Cash Check Visa MastercardPayment Method (circle one): Mail Recurring Credit

Credit Card Number: _____

Expiration Date: ____/____

Customer Signature: _____

Acct Type	Month	Quarter	Semi	Yearly
Email Only	N/A	N/A	N/A	\$60.00
Unlimited Access	\$17.95	\$50.85	\$95.70	\$179.40
ISDN	Ask for details and pricing			
Wireless DSL				
T1				

By signing the above, I agree to the terms of service (see reverse side) and authorize ACCI to bill the MasterCard/Visa with the account number listed above for the total account charge, setup fee, any multiple logon charges, and any fees associated with improper account use. I agree that the credit card listed above belongs to me and will provide ACCI with new account information such as change of expiration date, change of account number, canceled credit or any other variants that would prohibit ACCI from billing the credit card.

Automated Computer Concepts Administration Use Only:

User Name: _____

Password: _____

Date: ____/____/____