

The FOURnet Information Network

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ORDER FORM

NAME _____

ADDRESS _____

CITY _____ STATE ____ ZIP _____

TELEPHONE NUMBER ____-____-____

OFFICE USE ONLY:

ID: _____

REF: _____

STATUS: _____

USERNAME: (limit: 8 characters - lowercase)

PASSWORD: (upper & lowercase characters, symbols, and numbers)

CHECK ONE:



- I currently have a FOURnet GUEST account
 I currently have a FOURnet MEMBER account
 I do not have a FOURnet account

SERVICE REQUEST

- Personal SLIP/PPP (for use with Netscape/IE4/email)
 Unix/Menu Shell (text-based WWW access/email)
 Web Advertising / Domain Hosting Services
 Corporate Connectivity / Dedicated Connections
 POP3 Network Consulting / Internet Training
 CDrom/Disk Other

BILLING INFORMATION

Pre-Payment VISA MasterCard Exp. Date __-__

VISA/MC #:

Account Type: Flat Rate (no hourly costs) Hourly

Amount \$ ____.

Signature _____ Date _____

Note: Flat Rate Access Accounts are automatically rebilled each month.
Please allow 5 business days advance notice when cancelling service.