



**Internet Application for INDIVIDUAL Account**  
**ISDN Digital Dial-Up Service**

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	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 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**.

*All Fees are subject to change. Current fee structure at time of application will prevail.*

**For Office use only**

Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ [ \_\_\_\_ ]     Activation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ [ \_\_\_\_ ]  
 Referral \_\_\_\_\_     Drivers License#: \_\_\_\_\_ State: \_\_\_\_\_

**Cust ID #**

**PAYMENT INFORMATION: CREDIT CARD / CHECKING / SAVINGS**

**VISA**

**MasterCard**

Name on Credit Card

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Account Number

■ ■ ■ ■ - ■ ■ ■ ■ - ■ ■ ■ ■ - ■ ■ ■ ■

Exp Date

■ ■ / ■ ■

CVV (required only for domain registration)

■ ■ ■ ■ ■ ■ ■ ■

Automatic Payment

One time payment.

Store # for future payment(s)? **Yes / No**

Automatic Credit Card payments are processed on the 1<sup>st</sup> business day of each month. In the event any payment is not approved, you will be assessed a \$10 processing fee and contacted to make an alternate form of payment. If payment is not made by the 15<sup>th</sup> of the month, the account is subject to temporary suspension, and may be terminated and removed from the PacInfo server if payment is not received within 15 days of suspension.

**Checking Account**

**Savings Account**

Name on Account

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Bank Account Number

■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■

Bank Routing Number

■ ■ ■ ■ ■ ■ ■ ■ ■ ■

Automatic Payment

One time payment.

Store # for future payment(s)? **Yes / No**

Automatic Withdrawal payments (ACH) are processed on the 1<sup>st</sup> business day of each month. In the event any payment is returned for non-sufficient funds, a \$10 NSF fee will be assessed and full payment must be made within 5 days of email notification from PacInfo. If payment is not made, the account is subject to temporary suspension, and may be terminated and removed from the PacInfo server if payment is not received within 15 days of suspension. Any account suspended for NSF payments more than twice in any 12 month period is no longer eligible for automatic withdrawal.

**Billing Information is same as above**

Name

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Organization / Company

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Street / P.O Box \_\_\_\_\_

Suite # \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

I certify that I am the account holder or authorized signer, and I hereby authorize PacInfo to process automatic payments to my internet service account using the method and account indicated above. This authorization is to remain in force and effect until PacInfo has received 30 day written notification from me, whereupon PacInfo will cease processing my payment automatically. I understand automatic payments are processed on the 1<sup>st</sup> business day of each month.

**Authorized Signature** \_\_\_\_\_ **Date** \_\_\_\_\_