



MECKLENBURG COMMUNICATIONS SERVICES, INC.

P. O. Box 190 • Chase City, VA 23924

434-372-6169 • 1-877-888-8290

FAX: 434-372-6269

OFFICE USE ONLY
Account Number:
End Bill Date:
ISP 400 Postini

DIAL-UP Internet Enrollment Form

Name: Driver's License # or Social Security #:

Mailing Address:

City: State: Zip Code:

County of (check here if residing within town limits) Mother's Maiden Name:

Home Phone (not computer line): Work Phone:

HOW DID YOU HEAR ABOUT US?

USER NAME / EMAIL ADDRESS: @ meckcom.net

PASSWORD:

PACKAGES AVAILABLE:

- Basic Plan - Monthly - \$20.95
Basic Plan - Quarterly - \$59.85
Basic Plan - Yearly - \$191.40
TurboSpeed - Monthly - \$23.95
TurboSpeed - Quarterly - \$68.85
TurboSpeed - Yearly - \$227.40
Certified Teacher, Fireman, Rescue Squad Mbr, Sheriff, Town or State Police Officer***
\$15.95/monthly \$47.85/quarterly \$191.40/yearly (Please Read)
***YOU WILL NEED TO SEND VERIFICATION TO RECEIVE THIS DISCOUNTED RATE. WITHOUT VERIFICATION, BASIC PLAN WILL APPLY.
Other \$

PAYMENT OPTIONS:

- Bill Me Credit Card - Please complete section I Direct Bank Draft - Please complete section II

I. Credit Card Info: Coop Power Plus VISA MasterCard Discover

I agree to pre-authorize Mecklenburg Communications Services, Inc. to automatically bill my internet bill to my credit card listed below. I understand that I will receive a copy of my internet bill as a reference.

Name (as it appears on card):

Card #: Exp. Date:

II. Authorization Agreement for Direct Draft From Your Checking Account
(Please attach a voided check to this application when returned - not a deposit slip!!)

I (we) hereby authorize MECKLENBURG COMMUNICATIONS SERVICES, INC. hereinafter called MCS, to initiate drafts (debit) entries to my (our) () Checking () Savings account (select one) indicated below at the depository financial institution named below, hereinafter called BANK, and to debit the same to such account.

Name of Bank Branch

City State

Routing # Account #

This authorization is to remain in full force and effect until MCS has received written notification from me (or either of us) of its termination in such time and such manner as to afford MCS and BANK a reasonable opportunity to act on it.

Name(s) S. S. No.

Date Signed X Signed X

NOTE*** With this method of payment, you will still receive a billing statement. When your direct draft is in effect, your bill will be noted "This bill will automatically be deducted from your checking account," along with the date of when your account will be debited. Please pay the bills you receive until that statement appears on your bill.

Any applicant that has been a customer of MCS previously and left with a balance due - your account will not be activated until the balance & fees are paid in full. The \$15 is non-refundable. MCS is not liable for any local or long distance telephone charges. It is the customer's responsibility to verify the access number is local. I have read the Internet Service Agreement and understand its terms and conditions.

Signature (Authorizes Service Agreement and/or Credit Card Payment, if applicable)

Date

\$15 FEE: PAID NOT PAID

Remote Site Location: