

WINS ---- DIALUP REGISTRATION FORM

Name (Please Print): _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: () _____ Fax: () _____

Billing address if different: _____

Username (1st email): _____
(2-20 characters A-Z,0-9,dash,dot,underscore – Must begin & end with letters or numbers)

Password: _____ (Case Sensitive)
(2-16 characters A-Z,0-9,dash,dot,underscore – Must begin & end with letters or numbers)

Mother's Maiden Name: _____ (For password validation)

Local Telephone Company: _____

SERVICES: Check all that apply
 Dial Up Access - \$19.95/month
GreyMail Virus/Junk Email Filtering Included

Please indicate System Type: (Choose One):
WinVista, WinXP, WinME, Win2000,
Win98, WinNT, Mac

	<u>2nd Email (FREE)</u>	<u>3rd Email (\$3.00/month)</u>
Username (2-20 characters)	_____	_____
Password (2-16 characters)	_____	_____
Person's Name Using Email	_____	_____

Prices and Availability subject to change without notice.

Please Select Payment Method

- I wish to pay my Internet bill by sending in check/cash every month.
- I wish to pay my Internet bill by WINS automatically debiting my bank account every month (AutoDebit). Please send me a AutoDebit enrollment form.
- I wish to pay my Internet bill by WINS automatically charging my Credit Card every month. Please send me a Credit Card enrollment form.

NOTE: Applicant must be at least 18 years of age to apply for Internet service. Your signature indicates acceptance of the "WINS TERMS AND CONDITIONS" (attached).

Customer Signature _____ **Date** _____

A signature is required to process your order.

Please return to: WINS, PO Box 359, Colchester IL 62326
Voice: (800)876-4351 FAX: (309)776-3299

INTERNAL USE ONLY

WINS #: _____ Dial Up #: _____ WINS Staff: _____

Software: Date Mailed: _____ Date Picked Up: _____

Billing Activation Date: _____ Fax Acct Info To: _____