

NEFCOM Internet, Inc.
130 North 4th Street, P. O. Box 485
Maccleddy, Florida 32063-0485
904-259-9991 (259-WWW1)

INTERNET ACCESS ENROLLMENT FORM

Applicant's Name _____

Mailing Address _____

City _____ State _____ Zip _____

Services and Charges

Unlimited Internet Service Monthly Charges:

_____ Basic	\$20.95	_____ ISDN	\$29.95
_____ Basic (Sch Board Emp)	\$16.95	_____ ISDN (Sch Board Emp)	\$24.95

Optional Internet Service:

_____ Dial-Up Accelerator \$ 2.00 Per Month

Telephone number for billing monthly Internet Service charge _____ . (This telephone number **must** be in the name of the applicant stated above. For your convenience, charges for NEFCOM Internet and Northeast Florida Telephone are combined on one bill.)

User Information

User Name (3 to 9 characters-lower case, alphabetic or numeric, but **must begin with alphabetic character**) _____

Password (6 to 12 characters-lower case, alphabetic or numeric) _____

Additional E-mail address _____

Password (6 to 12 characters-lower case, alphabetic or numeric) _____

Equipment Information

Do you presently have Microsoft Explorer? _____ Yes _____ No

Do you presently have Windows 98? _____ Yes _____ No

Do you presently have Windows ME? _____ Yes _____ No

Do you presently have Windows XP? _____ Yes _____ No

What type of computer do you have? _____ IBM (compatible) _____ Mac

_____ Other (list) _____

Other Information

How did you hear about our service? _____ Radio _____ Newspaper _____ Friend _____ Other

In making this application, the undersigned agrees to the Internet Service Provider/Customer Agreement.

APPLICANT'S SIGNATURE

DATE