

STORMNET
COMMUNICATIONS
A Division of IntelliMicro Inc.

P.O. Box 7240
Chico, CA 95927-7240
Tel (530) 897-4069, 891-7587
Fax (530) 891-7588
E-mail: help@stormnet.com

City/Town: _____
Customer Name: _____
Customer Address: _____

Date: _____
Phone: _____
Fax: _____

Service Choice³ : (check one)

- | | | | |
|------------------------------------|-----------------------|---|--------------------|
| <input type="checkbox"/> Monthly | \$19.95 ¹ | <input type="checkbox"/> Special Promo ² (_____) | \$ _____ per _____ |
| <input type="checkbox"/> Quarterly | \$54.95 ¹ | <input type="checkbox"/> Web Hosting | \$ _____ per _____ |
| <input type="checkbox"/> Annually | \$199.95 ¹ | <input type="checkbox"/> Shell Account | \$ _____ per _____ |

¹ Prices subject to change.

² Special promotional discounts apply to the first year only. Thereafter, regular rates apply.

³ Net Terms — 15 Days

³ Account Suspension will occur if fees are not paid within 30 days of received invoice — incurring a reactivation fee of \$25.00. **FEES WILL ACCUMULATE UNTIL StormNet Communications IS NOTIFIED TO DISCONTINUE SERVICE.**

Requested User login: _____

8 characters or less only (can include a..z.-0..9)

Requested Password: _____

8 characters less only (can include A..Z. a..z.-0..9)

Comments: _____

I, (We) hereby authorize StormNet Communications to charge my Internet Subscription to my credit card. **This authorization is to remain in full force and effect until StormNet Communications has received a written request to terminate the subscription.** Please make sure that you are dialing a local/no charge telephone number. StormNet is not liable for any long distance/phone charges.

Credit Card Number: _____ Exp. Date: _____

By Signing below, I authorize StormNet Communications to provide us with the internet services specified above. I understand the terms and conditions of this service and agree to them. We promise not to abuse our account (i.e. mass emailing and wasting of network bandwidth) and promise to pay on time.

Customer's Signature: _____ Date: _____

Printed Name: _____

Driver License Number: _____ Exp. Date: _____

Payment Received: _____

Account Exec's Name: _____

Type: _____

Account Exec's Signature: _____

Amount: _____

Date: _____

Through Keystroke?: _____