



SIGN UP SHEET FOR KOSINET

Fax or mail completed form to (419) 522-2015 or mail to P. O. Box 241, Mansfield, OH 44901 attn.; KOSINET Accounts.

Customer Name

Address

City state zip

Daytime phone Evening phone

Operating System: win '95 win '98 ME/2000

Please choose one of the following : (if you have any questions, please call)

User preferences: Email MS Outlook Netscape

User preferences: Browser MS Explorer Netscape Navigator

Please list your first and second choices for your user ID 's and passwords. Please note that your choices will be entered in lower case letters, unless specified by circling letter (s) you wish to capitalize. Your username will also become your email address. Please indicate secondary emails with a #2 notation. NOTE: Username & password are CASE SENSITIVE (lowercase is preferred). No spaces or special characters will be accepted. Indicate "zero" by a slash mark through it -ô. PLEASE WRITE LEGIBLY TO PREVENT DELAYS IN PROCESSING.

USER ID (UP TO 8 ONLY)

PASSWORD (UP TO 8 ONLY)

Payment Information

Payment Options: Monthly _____ Quarterly _____ Bi-Annually _____ Yearly _____

Payment Method: VISA ___ Mastercard ___ American Express ___ Discover ___ Check ___ Cash _____

(Please Check only one)

Card # _____

Expiration Date on card ____/____/____ Name as it appears on card _____

Customer Agreement for Payment Terms:

If paying by cash or check, invoicing will be monthly. If paying by credit card, card will be debited monthly. I have been informed about payment policies and user name preferences. I understand that my choices will be entered in lower case characters, unless I have specified otherwise. I authorize KOSINET to make any necessary changed, due to system requirements, and to inform me of such changes. MY ACCOUNT WILL BE VALID WITHIN 24 HOURS OF KOSINET'S RECEIPT OF THIS FORM. I AM LIABLE FOR PAYMENT UNTIL I TERMINATE SERVICE IN WRITING OR BY EMAIL TO KOSINET.

Customers signature

Date