## Dial-Up / DSL / CATV DSL Registration Form sowega.net

internet solutions

PO Box 488 Vienna, Ga. 31092 229-874-2230 229-268-0230 800-267-2053

Please complete one form for each account requested - one user per account. Please fax back to 229-268-0001 or mail to the address above.

**Referred by:** 

Authorized User or Administrator									
First Name	MI	Las	st Name	Orga		Organiz	nization		
Street Address				Title		1	Fax ( )		
City		State	Zip Code	Day Pho: ( )	ne		Evening Pho	one	
Credit Information									
Social Security	# -	-	DL#				DOB	/	/
Billing Method		nk Draft hly 🗖 Ann	ually 🗖 M	Credit ( I <b>onthly</b>	Card <b>Annua</b>	ally C	Check/Mo Monthly	0	
make three choices in case of collision with exis characters, must contain alpha and numeric chLogin Name (First choice)Login Name (Second choice)				aracters. Cannot be the same as login name.					bers & letters)
I have read all the pages of this agreement and agree to Sowega.Net's Terms and Conditions. By signing this contract, I agree that I am at least 18 years of age and legally bound by this contract. If I am not 18 years of age, the signature below is of a parent or legal guardian that agrees to be held responsible for the actions of the account applicant.									
Signature							Date		
Credit Card Information (if applicable)									
□ Visa □ Master Card Kame On Card Card Number									
Credit card accounts are on an auto-renewal basis. I authorize Sowega.Net to charge my account for those charges that I may accrue according to selected billing cycle. This authorization is valid until revoked in writing.									
l authorize Sowega.Ne <b>Signature</b>	et to charge to	the credit card nur	mber above any se	etup fee and r	ecurring service	-	licated on the Sche Date Signe		es.