



HARBORNET
INTERNET DIAL-IN SERVICE
FAX 218.529.1195

Customer's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax Number: _____

Desired E-mail Address: _____ @harbornet.net

2nd Choice Desired E-mail Address: _____ @harbornet.net

Password: _____ (minimum of 5 characters/numbers)

Billing Address (if not the same): _____

City: _____ State: _____ Zip: _____

Billing Information: Credit Card No.: _____ Expiration Date: _____

MasterCard VISA American Express Discover Other _____

OR

Bank: _____

Bank Routing No.: _____

Account No.: _____

I Authorize Harbornet to take my monthly payments out of the above selected account:

Signature

Date

MONTHLY SERVICE TYPE

10 Hours for \$9.95 Unlimited for \$17.95