



1838 East Lincoln Road S.E.
 Brookhaven, MS 39601
 Phone: 601-833-4729 | Fax: 601-833-9281

Dial Up Numbers: Brookhaven: 833-9876
 Monticello: 587-8141 | 587-5637
 McComb: 276-9007

Application for Residential ADSL Internet Service

Date: _____ / _____ / 200

Last Name:		First Name:	
Billing Address:		Suite or Unit No:	
City:	State:	Zip:	
Home Telephone: (____)____-____-____	Work Telephone: (____)____-____-____	Fax: (____)____-____-____	
Date of Birth:	Last 4 Digits of Social Security No:	Mother Maiden Name:	

Service Information

Phone No. For ADSL Service:	Physical Address:	City, State, Zip
How many telephone sets do you have working: _____	Local Phone Service Carrier: _____	Note: Certain CLEC phone carriers do not allow DSL service on numbers they provide. If at any time after your DSL service is established you consider changing your local service to another carrier we recommend contacting Sleekcom prior to placing any such order to prevent interruption of your DSL service.
Do You Have an Alarm System: Yes <input type="checkbox"/> No <input type="checkbox"/>		

Account Information

User Name's <small>(between 4 and 10 characters, no spaces, no punctuation, all lower case. Must be entered into your computer all lower case)</small>	Password: <small>(minimum 4 characters, can be letters, numbers or combination, no spaces, no punctuation, all lower case)</small>
Email Addresses	Password
1 @sleekcom.com	
2 @sleekcom.com	
3 @sleekcom.com	
4 @sleekcom.com	
5 @sleekcom.com	

Company Use Only: VCI: VPI: Public IP :

Billing Information

Payment Method / Frequency	Credit / Debit Card or Bank Draft Information
Cash/Check <input type="checkbox"/> Monthly <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Quarterly <input type="checkbox"/> Bank Draft 1st Of Month <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Bank Draft 15th Of Month <input type="checkbox"/> Annually <input type="checkbox"/>	Credit / Debit Card: Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> Amex <input type="checkbox"/> Name On Card: _____ Card No. _____ Exp: ____/____ Bank Draft: Bank Name: _____ Account No: _____ Routing No: _____
<small>All accounts are due on the 1st day of each month. If payment is not received by the 15th day of the month your account will be automatically suspended until payment is received. Payments can be made on-line by credit or debit card.</small>	

Notice

This is a two (2) part Application consisting of this Application and the Sleekcom User Agreement which is hereby incorporated herein. By signing this Application you certify you have read, understood and agree to the terms of this Application. In the absence of a signature, by logging onto the Sleekcom.com Network you certify you have read, understood and agree to the terms of this Application. If you do not have a copy of the Sleekcom User Agreement you may request one in writing at the above address or log on to our web site and download a copy. If you choose to pay by credit card or bank draft you hereby authorize Sleek Communications, Inc. to withdraw appropriate funds from your account without advance notice. This includes any fees or charges that may be incurred by you other than monthly services indicated above.

Signature: _____ Date _____ / _____ / 200 By Phone: _____ (clerk initials)