



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 Commercial ADSL Internet Service

Date: _____ / _____ / 200__

Company Name:		Name of Account Administrator:	
Billing Address:		Suite or Unit No:	
City:	State:	Zip:	
Telephone: (____)____-____	Fax: (____)____-____	Number of Employees:	
Tax ID Number:	Security Password:	Type Business:	
Service Information			
Phone No. For ADSL Service:	Physical Address:	City, State, Zip	
Phone System Information: No. Incoming Lines: _____ Digital Phone System: YES NO Brand: _____ No. of Ext: _____	Local Phone Service Carrier: _____	Note: If your local phone service is provided by a CLEC a change may be necessary to the one line you are applying for Sleekcom DSL service. If, after your Sleekcom DSL service is established and you wish to change your local phone service carrier please notify Sleekcom at least 10 days before making such changes to prevent interruption of your DSL service.	
Account Information			
User Name's (add du in front of user name for dial-up account) (between 4 and 10 characters, no spaces, no punctuation, all lower case. Must be entered into your computer all lower case.)		Password: (minimum 4 characters, can be letters, numbers or combination, no spaces, no, all lower case)	
Note: A dial-up account is included with your Sleekcom DSL service. This account is provided with 20 hours per month dial up service for connecting from home or other locations. If more than 20 hours is used a 99¢ per hour charge will be incurred in addition to your regular commercial DSL monthly charges.			
Email Addresses		Password	
1	@sleekcom.com		
2	@sleekcom.com		
3	@sleekcom.com		
4	@sleekcom.com		
5	@sleekcom.com		
Billing Information			
Payment Method / Frequency		Credit / Debit Card or Bank Draft Information	
Cash/Check <input type="checkbox"/>	Monthly <input type="checkbox"/>	Credit / Debit Card:	
Credit/Debit Card <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> Amex <input type="checkbox"/>	
Bank Draft 1st Of Month <input type="checkbox"/>	Semi-Annually <input type="checkbox"/>	Name On Card: _____	
Bank Draft 15th Of Month <input type="checkbox"/>	Annually <input type="checkbox"/>	Card No. _____ Exp: _____ / _____	
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.		Bank Draft:	
		Bank Name: _____	
		Account No: _____ Routing No: _____	
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)			