Wireless Internet Application Form Sales: (268) 480 5234 Fax: (268) 480 5232 Customer Service: (268) 480 5209



		3209 3) 480 5212	
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Customer Det	ails					antigua Computer Technology Co. Ltd.		
Last Name		F	irst Nar	ne		Date		
Company Name						Customer MUST complete the		
Billing Address						Customer Reference Form for processing.		
Install Address						please attach to application form when completed		
Village/Town				Work Phone				
Home Phone				Fax				
Mobile				Billing Email				
Technical Details Invoicing will be done through your email address								
Do you currently h	ave Internet Servic	e Yes N	О	It Yes, Type	e of Service:			
Operating System: Windows 7 Windows 8 MAC OS								
Desktop Laptop Do you own a Wireless Router that needs installation YES NO								
Username/Passv	word							
		ovide username, then proceed to	o Account Ty		· ·	plete sections below, then proceed to Account Type)		
Current Username	:			Alternate Userr Password:	name:			
Service Activa	ntion Type (Plea	se choose Plan Ontion he	olow)					
Service Activation Type (Please choose Plan Option below) Short-Term Service: EC\$1350.00 Wi-Fi Activation: EC\$200.00								
		anded - when unit is retu	rned	**NO	Equipment ***Usern	\$200.00 ame + Password Access		
WiMax SUI	Activation:	EC\$200.00		Pui	rchase of Equipmen	nt: EC\$1620.00 [Wimax SUO]		
WiMax SUO	Activation	EC\$900.00		EC	51350.00 [Wimax 501]	EC\$1620.00 [Wimax SUO]		
Residential Service Plans (Please choose Plan Option below) Wi-Fi Wi-Fi WiMax								
Account Type	Downstream/upst			Account Type Do	ownstream/upstream	12-Month Term		
Mega	Maximum Spee 1024k/256k			MadMax	Maximum Speed 1024k/256k	Monthly Fee EC\$ \$129.00/Mo		
Mega X-tra	1024k/512k			MeadMax X-tra		\$149.00/Mo		
Mega Plus	1544k/256k	\$169.00/1	Mo	MadMax Plus	1544k/256k	\$169.00/Mo		
Super Mega	2048k/256k	\$199.00/1	Mo	MadMax Mega	2048k/256k	\$199.00/Mo		
ALL Payment Plans	s are subjective to 15	% ABST Government To	ах	MadMax 2	2048k/512k	\$259.00/Mo		
				MadMax 3	3072k/512k	\$379.00/Mo		
				MadMax 4	4096k/512k	\$495.00/Mo		
Identification	n							
Passport #		Drivers L	icense	#		Other		
Payment Details to be completed by Cashier/ACT Representative								
Credit Card (pl	ease enter below)	Cash Cho	eque	Other Initial Payr	mentEC\$	Total Monthly PaymentEC\$		
Visa	Name on Card							
Master Card	Card Number				Expiry	Date Date		
	Signature				Date			
Man Addings						T 0/2-111 0.1		