



Contact Information

Name: _____
Physical address: _____
Mailing Address (if different): _____
City/State/Zip: _____
Phone: (____) _____ - _____
Current email*: _____

*Please provide an email address that you use regularly as all receipts and IAMNet correspondence will be sent to this email.
Returned or 'bounced' emails may result in termination of service or additional fees.

Check off desired service plan (all bandwidth packages may not be available on all facilities.)

Residential:

Economy @ 44.95/Mth 500/400 Kbps: _____
Standard @ 54.95/Mth 625/500 Kbps: _____
Premium @ 64.95/Mth 750/600Kbps: _____ (recommended as a minimum for video streaming)

Home Office:

Economy @ 74.95/Mth 875/700Kbps: _____
Standard @ 84.95/Mth 1mb/800kbps _____ (recommended as a minimum for remote and VPN sessions)
Premium @ 94.95/Mth 1.5mb/900kbps _____

CIR (Committed Information Rate/Dedicated Bandwidth set aside for only your usage) \$50 per 128kbps _____

Installation fee: Residential \$149.95 Business \$249.95 Access Point: _____

Payment, Equipment Guarantee & Limited Liability Radio Mac: _____

____ I understand that IAMNet will bill this credit card for periodic payments and a deposit of \$200.00. I understand that \$10 will be applied each month from the deposit towards the monthly service fee. The remaining balance will be returned upon termination of service and return of equipment unless used up.

Type MasterCard Visa Discover
Credit Card # ____/____/____/____ Expiration Date ____/____
Billing Start Date: ____/____/____ Billing End Date: ____/____/____
Billing address (if different): _____

I hereby confirm that I have read the Acceptable Use Policy and the Service Level Agreement (available online at www.iamnow.net) and agree to abide by said agreements. Specifically I understand my responsibilities under this agreement for the IAMNet equipment installed at my location. At the termination of my service, if I fail to return the equipment and fully comply the with agreement, I hereby authorize IAMNet, or a IAMNet authorized agent, to bill me, keep my security deposit, and/or charge the above credit card for a total amount equaling the replacement value of the equipment. I authorize IAMNet to automatically bill all regular charges to the credit card indicated above seven days before payment is due. I understand the above price does not include the NH two way communication tax of 7%.

Limited Liability

Due to forces of nature and other situations beyond its control, IAMNet cannot guarantee continuous or uninterrupted service. Customer shall hold IAMNet and all IAMNet employees or agents harmless from any and all obligations, liabilities, losses, and costs incurred as the result of the service interruption or discontinuation.

Signature: _____ Date: _____

General inquiries & Billing: 603-938-2127 Network Status & Trouble Report: 603-865-7429

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