

# General Account Information



Name \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
 Email \_\_\_\_\_ Cell Number \_\_\_\_\_

Dial-Up	Monthly	Number of Dial-Up
<input type="checkbox"/> Basic 0-15 Hours	\$9.95*	_____
<input type="checkbox"/> Basic Unlimited	\$16.95	_____

### Dial-Up Username & Password

Username Choices 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_  
 Password Choice \_\_\_\_\_ (should be at least 8 characters w/ at least 2 numbers)  
 \*\$0.75 each hour that exceeds 15 hours.

## Payment Information

Please choose one option below.  
 A \$3 late fee will be added to overdue accounts. A \$20 re-connect fee may apply to de-activated accounts.

### Option 1

**Bank Draft** Drafted by the 5th business day of the month.  
 NOTE: A voided check must be on file. Please include a voided check with this application.

Bank Name \_\_\_\_\_ Name on Account \_\_\_\_\_  
 Physical Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Transit Number \_\_\_\_\_ Acct Number \_\_\_\_\_  Checking  Savings  
 Signature of Depositor \_\_\_\_\_

### Option 2

**Credit Card** Charged by the 5th business day of the month.

Name of Cardholder \_\_\_\_\_ Type  Visa  Mastercard  Discover  
 Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Signature of Cardholder \_\_\_\_\_

## Agreement

\_\_\_\_\_ ("Customer") hereby agrees to pay IFWORLD INC., the rates specified above including any extra time to be billed at \$115 an hour. IFWORLD INC., its subsidiaries, agents, or employees, will not be responsible for any downtime due to circumstances beyond its control or due to the possible misuse of its Internet service by Customer or third-party users. I also understand that IFWORLD INC., its subsidiaries, agents, or employees will not be held liable for any damages, costs or attorney's fees associated with this account. IFWORLD INC. has the right to terminate Customer's access to this account at any time, immediately and without notice or reason. Customer hereby acknowledges that he/she/it has read and understood all terms and rates stated above and hereafter shall be bound by them and further agrees to abide by each and every term herein constituting the "entire agreement." Furthermore, Customer hereby affirms that he/she/it is not acting under any influence of other previous negotiations, discussions, or other communications, be they written or oral, and that the terms herein contain and represent the entire agreement of the parties hereto.

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE					
App Date	Setup Date	Billing Setup	Start Billing Date	IFW Acct #	Sales Rep