

## SamfordNet Dial Up Application Form

A CONTACT DETAILS		
Full Name:		
Postal Address:		
Suburb:	State:	Postcode:
Daytime Phone:		Home Phone:
E-mail Address:		Current Operating System: E.g: Windows XP, Mac OS X 10.4

**Preferred Username / Email Address**  
 Please nominate 2 usernames and a password to use with your account. This will also be your email address when order is complete.

1<sup>st</sup> Pref \_\_\_\_\_ 2<sup>nd</sup> Pref \_\_\_\_\_ @samford.net | Preferred Password \_\_\_\_\_

PLAN	COST	PLAN DESCRIPTION	TICK
1	\$10.00	15 hours, unlimited downloads, 1 E-mail address. 4 hour session limit. <b>Credit Card Only.</b>	<input type="checkbox"/>
2	\$15.00	25 Hours included, unlimited downloads & 1 e-mail address. 8 Hour session limit <b>Credit Card Only.</b>	<input type="checkbox"/>
3	\$24.95	Unlimited Hours included, unlimited downloads & 1 e-mail address. 4 Hour session limit <b>Credit Card Only.</b>	<input type="checkbox"/>
4	\$35.00	Unlimited Hours included, unlimited downloads & 2 e-mail address. 8 Hour session limit <b>Credit Card Only.</b>	<input type="checkbox"/>
5	\$43.00	Unlimited Hours included, unlimited downloads & 1 e-mail address. 12 Hour session limit <b>Credit Card Only.</b>	<input type="checkbox"/>

**B PAYMENT DETAILS**

**Standing Order of Authority to Debit Credit Card.** I wish to use my credit card to pay for the above goods/services supplied to me by SIS Group. I hereby authorise SIS Group to debit my card account with the amount and at the intervals specified above and in the event of any change in the charges for these goods/services, to alter the amount from the appropriate date in accordance with such changes. This authority shall stand, in respect in the above-specified card and in respect of any card issued to me in renewal or replacement thereof, until I notify SIS Group in writing of its cancellation.

**Credit Card Type:**    Mastercard    Bankcard    Visacard

**Credit Card Number:** \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_   **CCV:** \_\_\_\_\_   **Expiry Date:**        /        /

**Signature of account holder:** \_\_\_\_\_        **Date:** \_\_\_\_\_

I request access to SIS Group/Samford.Net under the terms and conditions and network rules of such. I warrant that the information being provided is in all respects correct and true.

**Signature:** \_\_\_\_\_        **Position:** \_\_\_\_\_        **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

The delegation of an account on SIS Group's network is subject to terms and conditions. Terms and conditions are subject to change without notice and may be requested via post, e-mail or read at the main web page <http://www.samford.net> if in the case of not been listed overleaf. Changes to terms and conditions are updated on our website.

**Application Complete.**  
**Please ensure you have entered the correct details before you proceed any further.**

Please fax a copy of this form to 1300 137 135, or mail the form to Post Office Box 2005, Rockdale Delivery Centre NSW 2216.