

Dial-Up Application



Highway 1

INTERNET SOLUTIONS

Please complete this form using BLOCK LETTERS.

Account Information

<input type="checkbox"/> I am an Existing Customer, my account name is:			
<input type="checkbox"/> I am a New Customer (Please complete the details below.)			
Company Name:		ABN/ARBN:	
Contact Name:			
Email Address:			
Street Address:			
Suburb:		Post Code:	
State:		Fax Number:	
Phone Number:		Mobile Number:	

Service Selection (Select One)

<input type="checkbox"/> SOHO Dialup 1 (Setup \$0.00 , Monthly \$11.00)	
Feature Summary	Unlimited Data Downloads, 20 hours connectivity per month, 1 email address, spam and antivirus filtering, \$1.10/hr excess.
<input type="checkbox"/> SOHO Dialup 2 (Setup \$0.00 , Monthly \$33.00)	
Feature Summary	Unlimited Data Downloads, 10MB website space, 300 hours connectivity per month, 1 email address, spam and antivirus filtering, \$1.10/hr excess.
<input type="checkbox"/> SOHO Dialup 3 (Setup \$0.00 , Monthly \$55.00)	
Feature Summary	Unlimited Data Downloads, 10MB website space, 600 hours connectivity per month, 1 email address, spam and antivirus filtering, \$1.10/hr excess.
<input type="checkbox"/> SOHO Dialup 4 (Setup \$0.00 , Monthly \$66.00)	
Feature Summary	Unlimited Data Downloads, 10MB website space, Unlimited hours connectivity per month, 1 email address, spam and antivirus filtering, No excess charges.

Username and Password (New Customers Only)

Please provide a username and password. Your username will become your first email address.	
Preferred Username:	
Password:	

Payment Frequency (Select One)

<input type="checkbox"/> Monthly <input type="checkbox"/> 3 Monthly <input type="checkbox"/> 6 Monthly <input type="checkbox"/> 12 Monthly
--

Payment Type (Select One)

<input type="checkbox"/> Credit Card (I authorise Highway 1 to automatically debit the following credit card :)

Dial-Up Application



Highway 1

INTERNET SOLUTIONS

Card Type:	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD
Cardholders Name:	
Card Number:	
Card Expiry (MM/YY):	/
Signature:	
<input type="checkbox"/> Direct Debit (Please complete the separate direct debit form available on www.highway1.com.au .)	
<input type="checkbox"/> Attach to my account (Existing Customers Only)	

Acceptance

1. I am over 18 years old and have a legal right to enter into this agreement and I have read, understood and agree to the Highway 1 Standard Form of Agreement available at <http://www.highway1.com.au/terms.php>
2. Upon acceptance by Highway 1 this will become a contract between both parties. All prices are GST INCLUSIVE.

Full Name:			
Position:			
Signature		Date:	

Please fax this completed application to 1300 794 469. (FORMREF: H1DIALAPP3)