

Change of Service Form

Customer Name: _____

Customer ID: _____

Please contact me via:

 Phone _____ Email _____ Fax _____

Ku-Band (HughesNet)

IRU (serial #): _____

Site ID: _____

Ka-band (Telesat)

MAC Address: _____

Wireless

MAC Address: _____

Serial Number: _____

 I would like to be placed on Seasonal Suspension*

Start date for Seasonal Suspend _____

Date (estimated) for returning to normal service _____

Signature: _____

Date: _____

Please note: This process may take up to 24- 48 hours.

*Please be advised that Seasonal program conditions will apply

Xplornet Action Center**1-866-841-6001****Fax 1-866-485-4156**