

Ka-band HughesNet Service Agreement



Please fax Xplornet Action Centre
1-866-485-4156 or email to
serviceagreement@barrettxplore.com

MAC Address	
Dealers Fax #	

Sales Partner Information:

Retailers Name:		Sales Partner #:	
Employee Name:		Phone Number :	
Street:		Email address:	
City:	Province:	Postal Code:	Country:

Installer Information: Installer Name: _____ Installer Number: _____

\$199 Equipment						
Basic Lite	Basic	Pro	Pro Plus	Elite	Elite Plus	Elite Premium
3-Year Contract						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$49.99/Mth	\$59.99/Mth	\$79.99/Mth	\$119.99/Mth	\$149.99/Mth	\$199.99/Mth	\$299.99/Mth
2-Year Contract						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$49.99/Mth	\$59.99/Mth (Mth 1-24)	\$79.99/Mth	\$119.99/Mth	\$149.99/Mth	\$199.99/Mth	\$299.99/Mth
No Contract						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$49.99/Mth	\$59.99/Mth	\$79.99/Mth	\$119.99/Mth	\$149.99/Mth	\$199.99/Mth	\$299.99/Mth

Additional Service Fees

One-time Activation Fee: 3yr = \$99; 2yr = \$199; No Contract = \$399

If tax exempt, please enter tax exemption # here: _____ Please fax a copy of documentation of tax exemption

Customer Information:

Name/Company:		Phone:	
Street:	City:	Fax:	
Province:	Postal Code:	Direct:	
Company Contact Name:		Phone:	
Email Address: (for invoicing and communication)		Language Preference	<input type="checkbox"/> English <input type="checkbox"/> French

If Installation location is different from above address please specify

Street:	City:
Province:	Postal Code:
Phone Number:	

Pre-Authorization Payment Options

I authorize Xplornet Communications Inc. to debit the amount due each month from my:

Bank Account Please Fax a Blank Void Cheque with Service Agreement

Name of Bank:	Account #:
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Credit Card Payment:

MASTER CARD VISA AMEX

Credit Card #	Expiry: M/ Y/
Name on Card:	

Authorized Signature (for payment):

The above information is accurate, I have completed the site survey
By signing this document, I agree to the Xplornet Terms of Service attached hereto

Customer Signature:	Date:
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