

Ku-band HughesNet Service Agreement



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

Serial Number	
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	Hardware
3-Year Contract					
<input type="checkbox"/> \$49.99/Mth	<input type="checkbox"/> \$59.99/Mth	<input type="checkbox"/> \$79.99/Mth	<input type="checkbox"/> \$119.99/Mth	<input type="checkbox"/> \$149.99/Mth	<input type="checkbox"/> HN7000S <input type="checkbox"/> HN7700S
2-Year Contract					
<input type="checkbox"/> \$49.99/Mth	<input type="checkbox"/> \$59.99/Mth	<input type="checkbox"/> \$79.99/Mth	<input type="checkbox"/> \$119.99/Mth	<input type="checkbox"/> \$149.99/Mth	
No Contract					
<input type="checkbox"/> \$49.99/Mth	<input type="checkbox"/> \$59.99/Mth	<input type="checkbox"/> \$79.99/Mth	<input type="checkbox"/> \$119.99/Mth	<input type="checkbox"/> \$149.99/Mth	

Additional Service Fees

\$75 Annual Universal Service Fee
 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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