

# Ka-band HughesNet Service Agreement



MAC Address

Dealers Fax #

(705)721-1714

**Sales Partner Information:**

Retailers Name: **Next Technical Systems Inc.**

Sales Partner #:

Employee Name: **Sam**

Phone Number : **(705)721-0073**

Street: **149 Welham Rd., #15**

Email address: **sam@nextgroup.com**

City: **Barrie**

Province: **On**

Postal Code: **L4N 8Y3**

Country: **canada**

Installer Information: Installer Name: **John**

Installer Number:

**\$199 Equipment**

Basic Lite	Basic	Pro	Pro Plus	Elite	Elite Plus	Elite Premium
<b>3-Year Contract</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$49.99/Mth (Mth 1-36)	\$59.99/Mth (Mth 1-36)	\$79.99/Mth (Mth 1-36)	\$119.99/Mth (Mth 1-36)	\$149.99/Mth (Mth 1-36)	\$199.99/Mth (Mth 1-36)	\$299.99/Mth (Mth 1-36)
<b>2-Year Contract</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$54.99/Mth (Mth 1-24)	\$64.99/Mth (Mth 1-24)	\$89.99/Mth (Mth 1-24)	\$129.99/Mth (Mth 1-24)	\$174.99/Mth (Mth 1-24)	\$229.99/Mth (Mth 1-24)	\$329.99/Mth (Mth 1-24)
<b>1-Year Contract</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$59.99/Mth	\$69.99/Mth	\$99.99/Mth	\$149.99/Mth	\$199.99/Mth	\$249.99/Mth	\$349.99/Mth
<b>No Contract</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$59.99/Mth	\$69.99/Mth	\$99.99/Mth	\$149.99/Mth	\$199.99/Mth	\$249.99/Mth	\$349.99/Mth

**Additional Service Fees**

One-time Activation Fee: 3yr, 2yr, 1-yr Contract - \$99; No Contract - \$299

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

English  
 French

**If Installation location is different from above address please specify**

Street:

City:

Province:

Postal Code:

Phone Number:

**Pre-Authorization Payment Options If cheque is NSF or for any other reason the Credit Card on file will be charged**

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 #:

**Credit Card Payment:**

MASTER CARD

VISA

AMEX

Credit Card #

Expiry: M/ Y/

Name on Card:

**Authorized Signature (for payment):**

The above information is accurate, a site survey will be performed at the time of installation.

By signing this document, I agree to the Xplornet Terms of Service and the package and terms I have chosen.

Customer Signature:

Date: