



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

KaZam	KaZoom	KaBang	KaBoom
3-Year Contract			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$49.99 / mth (Mth 1-36)	\$79.99 / mth (Mth 1-36)	\$119.99 / mth (Mth 1-36)	\$169.99 / mth (Mth 1-36)
2-Year Contract			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$54.99 / mth (Mth 1-24)	\$89.99 / mth (Mth 1-24)	\$129.99 / mth (Mth 1-24)	\$184.99 / mth (Mth 1-24)
1-Year Contract			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$59.99 / mth	\$99.99 / mth	\$149.99 / mth	\$199.99 / mth
No Contract			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$59.99 / mth	\$99.99 / mth	\$149.99 / mth	\$199.99 / mth

Please Choose a Service Package

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:

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:

Ka-band Service Agreement