



WOODSTOCK TELEPHONE COMPANY

Dial-Up Internet Access Form

CUSTOMER INFORMATION:

Name: _____ "Bill To" Phone: _____
 Company: _____ Fax Number: () _____
 Address: _____ Social Security No. _____
 _____ Persons who can make changes to your account: _____
 City: _____
 State: _____ Zip: _____

DIAL-UP INTERNET ACCESS

Preferred E-Mail Name _____ Preferred Password _____
 (3 to 12 alphanumeric characters, lowercase): @woodstocktel.net (minimum 7 characters long): Assigned

- | | Hours
Included
Per Month | Monthly
Charge |
|---|--------------------------------------|-------------------|
| <input type="checkbox"/> INTERNET PRO | Unlimited | \$17.95 |
| <input type="checkbox"/> Additional Mailboxes | \$3.00/month, no activation charges. | |

SOFTWARE (Optional)

Type of Order: WinXP WinME Win98 Win95 Win2000 Mac – OS _____
 Type of Software: WOODSTOCK CD None

OTHER INFORMATION

Sales Representative: _____ PLEASE RUSH! FAX MAIL
 Activation Date: _____ Billing Date: _____

The undersigned appoints *Woodstock Telephone Company* as limited Agent to order and make changes in service associated with the activation of *Woodstock Internet Services* as specified above. As an Internet access user through the *Woodstock* network, I agree to abide by the present and future rules and bylaws of *Woodstock Telephone Company*, including the Acceptable Use Policy. I agree to follow the rules of any connected networks if and when using those networks. I recognize that *Woodstock Telephone Company* offers no guarantee or warranty on the performance of its network and Internet connection, nor on the performance of gateway connections to other networks. I agree to hold *Woodstock Telephone Company*, their Officers, Directors, and Agents harmless from any liability arising from special, indirect, or consequential damages including but not limited to lost profits, loss of opportunity, or any other loss which may result from the use of, misuse of, or lack of availability of *Woodstock Telephone Company* or their facilities.

Customer Signature

Date

Please fax completed form to *Woodstock* at (507) 658-3914