



ETRN.com

Specializing in Secure and Flexible Internet Solutions

Customer Information Form

Service: (or quote ID #)		Account Size: <input type="text"/>
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Server Information:	<i>Please provide your server's public IP address along with a list of domains that you are requesting we provide the above services for.</i>	
Server IP Address(es):	<input type="text"/>	
Domain Name(s):	<input type="text"/>	

Billing Information:	<i>Please provide your company billing information along with the person to contact for any billing related questions. Billing terms are: Due Upon Receipt</i>		
Company Name:	<input type="text"/>		
Address:	<input type="text"/>		
	<input type="text"/>		
City:	<input type="text"/>	State: <input type="text"/>	ZIP Code: <input type="text"/>
Contact Person:	<input type="text"/>		
Telephone:	<input type="text"/>	FAX:	<input type="text"/>
E-Mail Address:	<input type="text"/>		
Billing frequency:	<input type="radio"/> Monthly	<input type="radio"/> Quarterly	<input type="radio"/> Yearly
Receive invoices via:	<input type="checkbox"/> Postal Mail	<input type="checkbox"/> E-mail	<input type="checkbox"/> Bill Credit Card

Technical Contact:	<i>Please provide information for the person to contact regarding technical issues with your account.</i>		
Contact Person:	<input type="text"/>		
Telephone:	<input type="text"/>	FAX:	<input type="text"/>
E-Mail Address:	<input type="text"/>		

Please print or type clearly.

Please return the completed form via Fax: (816) 264-3876

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