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PPP/SL1	P Personal In	ternet Access Su	ıhserintion	Form	]	Date:
Please complete this form and fax or Service Type:SLIPPPP 56K V.9 per month . Each additional hour is \$.50)	mail it to Inter	World Communi	ications to	set up yo		usage included
Full name (Name of Company if business account)		Name of contact (If different)				
					7.	
Shipping address (where we should send your Starter	· Kit)	City		State	Zip	<del></del>
		City		State	Zip	
Billing Address (where we should mail your bills)		cny	<del></del>		zıp	
( ) Work phone	( ) Work fax					
Work phone	Work fax		e-mail add	ress(es)		
(	<u>()</u>					
Home phone	Home fax					
Technical Information  Computer:IBM PC: Model: Operating system:WindowsDOS Disk size:3.5" disk5.25" disk Software being used: Modem: Manufacturer:	Macintosh Model: System:		Other:		Speed:	
Preferred mailbox names: 1.  When choosing a mailbox name, 1 customers to use their first name with or withouse john@interworld.net or johns@interworld.net or jsmith@interworld.net.	out the first letter d.net. Less comm	of their last name. F	or example,	if a custome	er's name is Joh	in Smith he could
Billing Information:Monthly -E-Ma	ilAMEX _	Master Card/Visa	/Discover			
Credit Card # This authorizes InterWorld Communication and all charges to my credit card for charges incurred on the communication of t	ns to charge any his account.	Expiration date	_			
me on Card		Cardholder's signature				<del></del>
-		City	Stata	7in		
Billing address		City	State	Zip		
How did you hear about InterWorld?						
Signature of Subscriber		Title				

Payments from subscribers are due on the anniversary date of their startup. If payment is not received by that date each month, services will be disconnected and will be subject to a re-establishment fee of \$30. You will be notified by e-mail of your billing cycle after your connection has been established.