

Sycamore Place Apartments Broadband Internet Contract

Account Information			Date: (/)	
Last Name:		First Name:		
Address		City	State	Zip
()	-	()	-	
Phone Number:		AlternateCell		
Log-In Information (Re	quired for Connectivity)			
Username:			Password:	
(3 character minimum, case-sensitive)		@ joink.net		
		_ ,	(4 character minimum,	case-sensitive)
☐ For billing and contact I will use my Joink provided default		lt e-mail		@ joink.net
	, , , , , , , , , , , , , , , , , , ,			
☐ For billing and conta	ct will use my existing e-mail addres	s. Please specify:		@
Payment Information (Required for activation)			
□ VISA	☐ MASTERCARD	Card Number:		
		Name as it appears on t	ho card:	Exp. Date: (/) Billing Zip Code:
☐ DISCOVER ☐ AMERICAN EXPRE		Name as it appears on the card:		Billing Zip Gode.
			-	
	Total am	ount to be bill	ed each mont	h
□ 24.95 l	MDII 7in	OR	□ 20 0	5 MDU Zoom
	Automatic transactions will			
		·	-	
	orize Joink L.L.C. to debit my accoul nate service. (*Penalties may apply i			ded. Debiting will continue until I submit
		•		
Authorized Signature:			Date:	
Computer Setup				
				erly configured for Internet access. A
	functioning Network Interface Ca			
				ent. By signing, the Applicant affirms Billing for the service shall begin upon
				nited to Attorney's fees and costs,
				act and shall not be modified without
				of Indiana. Joink's Acceptable Use
	on the Internet at http://www.join			
I have read the abo	ve Contract and fully agree t	o its terms.		
Authorized Signature:			Date:	
	I-I-I-IIO / 4000 III-I	/ Towns H III 5700	. / (040) 00 # F400 / F 504	0300 4 F44 4

Joink LLC / 1362 Wabash Avenue / Terre Haute, IN 47807 / (812) 234-5100 / Fax: (812)234-5144

To set up your service, please contact the Sales Department at Joink Internet.

Phone: (812) 234-5100 opt. 1 E-mail:sales@joink.com

OR Sign up online: http://management.joink.com/sp-signup.asp