



Dial-Up Internet Service Application
 800-487-4811 • FAX 573-386-5899 • www.ktis.net
 211 S. Main St., P.O. Box 97, Auxvasse, MO 65231-0097

BILLING INFORMATION

Payment of first month service must accompany this application.

Name: _____
 (First) (Middle) (Last)

Address: _____
 (Street) (City) (State) (Zip Code)

County: Audrain Boone Callaway Montgomery Gasconade _____

Telephone Number: (Home) _____ (Work) _____ (Fax Number) _____

Method of Payment: Check MasterCard VISA Discover Cash

Preferred Monthly Billing Method: Printed Paper Bill (additional \$1.00 per month) eStatement

Account # _____ Expiration _____ Signature _____

Are you switching providers? Yes No Previous Internet Service Provider _____

SERVICE SELECTION

Dial-up Plan: EXPRESS - \$14.95 monthly LIBERTY - \$21.95 monthly LIBERTY ANNUAL - \$241.45 yearly non-refundable

Preferred User Name/e-mail address: (max. 8 lower case characters, subject to availability) _____

Preferred Password (min. 6 characters, requires 1 number or capital letter) _____

Operating System & Version*: Win ME Win 2000 Win 95/98 Win XP CD ROM: Yes No

**The KTIS network will support Mac, Linux and other connections, however we do not provide software or technical support for these. We do not support Windows 3.1.*

The following information is required to allow us to identify you in case you should lose your ID or password:

Mother's Maiden Name: _____ Your Date of Birth: _____

TERMS & CONDITIONS

I am over age 18 and agree to review the Terms and Conditions as stated on the KTIS web site (www.ktis.net). If these Terms and Conditions are not acceptable to me, I will immediately contact KTIS to terminate my account and terminate use of KTIS Services. I understand that the Terms and Conditions may change from time to time and that any such change shall be effective immediately upon posting at www.ktis.net. By continuing to use the Service, I accept any such changes. If at any time the changes are not acceptable to me, I will terminate this Agreement by contacting KTIS and providing notice of termination in accordance with the Terms and Conditions.

Signature _____

Date _____

FOR KTIS USE ONLY

Account Number _____

Billing Date _____

Date Entered _____

SO Number _____

Date Mailed _____

Credit Card W/S _____

<u>REFERRED BY</u>
