

Empire Access

DSL Subscription Form

34 Main Street Prattsburgh, NY 14873 1.800.338.3300 Fax 607.522.4250
www.empireaccess.net info@empacc.net

User Information

* Required Field Account #: _____
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*Name: _____ *SS# or D.L.#: _____

*Address where DSL Line will be installed _____

*Billing Address: _____

*City: _____ *Phone: () _____ - _____

*State: _____ *Zip: _____ *Daytime: () _____ - _____

Please select payment method: Cash Check Money Order Credit Card

*Visa ____ *Mastercard ____ *Credit Card #: _____

Credit Card information from this section is used only for liability on payment and/or contract termination.

Primary Account - requested username: _____ password: _____

*Which phone number would you like DSL installed on? _____ - _____

*Do you have mulyple lines (2or more) at the installation location? Please list all current lines.

_____ - _____ _____ - _____ _____ - _____ _____ - _____

*What type and how many Computer(s) do you have? Desktop PC _____ Laptop _____

*What make and model is your computer(s)? _____

*What operating system are you currently using?

Win95/98 ____ Win NT ____ Win 2000/ME ____ Win XP ____ Mac ____ Unix ____ Linux ____

*Does your computer have an Ethernet Card? Yes ____ No ____

Is the line being installed in an: Apartment ____ Business Office ____ House ____

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