



Application for
MetaLINK – Montpelier Schools Affinity
Internet Access Program

Name: _____
Address: _____

City: _____ State: _____ County: _____ Zip: _____

Phone: (____) _____ - _____ Birthday: ____/____/____ Previous ISP: _____

Work Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Preferred Username: _____ Preferred Password: _____

Additional E-mail Usernames: _____

Additional E-mail Passwords: _____

Usernames are used to identify you on our service. They should be unique as well as 5 to 12 characters in length (numbers can be used after the first character). Your username will also be the first part of your e-mail address (such as username@defnet.com). If you are a current customer of MetaLINK, please use the username on your current account. Passwords should be 3 to 8 letters and/or numbers in length.

Wireless and Dial-up Internet Access Plans

(All wireless access plans have a \$99 installation cost for typical installations.)

- ☐ Residential Wireless Surfer (~~\$39.95/mo~~) **\$33.95** ☐ Dial-up Monthly Unlimited (~~\$19.95/mo~~) **\$14.95**
☐ Residential Wireless PowerUser (~~\$49.95/mo~~) **\$42.45** ☐ Dial-up Yearly Unlimited (~~\$199.95/yr~~) **\$144.00**
☐ Residential Wireless Premium (~~\$59.95/mo~~) **\$50.95**
☐ Residential Wireless Extreme (~~\$69.95/mo~~) *No discount offered on this plan*

Wireless Hardware Bundle (Includes: Antenna, Bridge, Jumper, Cable, Connectors & Mounting Hardware)

- ☐ 2 Year Term Commitment \$199.95 *(initial _____)
☐ 900 MHz 2 Year Term Commitment \$399.95 *(initial _____)
☐ Equipment Upgrade with New 2 Year Term Commitment \$ _____ *(initial _____)
☐ Add wireless router for \$70.00 (initial _____)

* NOTE: An early termination fee may apply if a Term Commitment is selected.

No Commitment Option Available

- ☐ Typical \$ _____ (initial _____) ☐ 900 MHz \$ _____ (initial _____)

How would you like us to invoice your setup fees and equipment costs?

- ☐ Check or Cash at time of installation.

☐ Visa, MC, Discover, AMEX #: _____

Your name as it appears on card (Print please): _____

Expiration: ____/____/____ 3 Digit Security Code: _____

How would you like us to invoice you monthly?

- ☐ U.S. Mail (\$1.00 Processing fee per billing cycle)

☐ E-Mail - Address to receive invoice: _____

☐ Visa, MC, Discover, AMEX #: _____

Your name as it appears on card (Print please): _____

Expiration: ____/____/____ 3 Digit Security Code: _____

By signing below, I am acknowledging that I have read and agree to the attached Wireless Internet Access and Service Agreement for MetaLINK Technologies, Inc. If payment by credit card is selected above, my signature authorizes MetaLINK Technologies, Inc. to charge my card each billing cycle for Internet services.

_____/_____/_____
Authorized Customer Signature Date

Please mail completed application to MetaLINK, PO BOX 1121, Defiance OH 43512 or fax to 419-782-2854.