



1030 Second Street  
Santa Rosa CA 95404  
Voice 707-237-9770  
Fax 707-237-9771  
E-Mail: support@ap.net  
<http://www.ap.net/>  
<http://www.openairnetworks.com/>

## AccessPort/Open Air Networks Sign Up Form

Name / Company \_\_\_\_\_ Date \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (h) \_\_\_\_\_ Phone (w) \_\_\_\_\_ Fax \_\_\_\_\_

Your System Type (Macintosh/Windows/Linux/Other) \_\_\_\_\_

How did you find us? \_\_\_\_\_

1st Choice Username \_\_\_\_\_ 2nd Choice \_\_\_\_\_

(Usernames should be three to twelve lowercase letters only.)

Password \_\_\_\_\_ Passwords can contain upper and lowercase letters, numbers, and other characters.)

Billing Frequency

Monthly

Quarterly

\$119

\$350

Setup Fee: (\$625)

Plus \_\_\_\_\_

Total Due \_\_\_\_\_

Billing Method (circle one)

**Email Statement** (we e-mail you a bill)

**Credit Card** (automatic)

**Paper Statement** (we mail you a bill)

Credit Card # \_\_\_\_\_ Exp \_\_\_\_\_ MC / VS / AMEX / DISCOV

Name on card \_\_\_\_\_

Signature \_\_\_\_\_ Use Credit Card for First invoice Only \_\_\_\_\_

With my signature above, I authorize AccessPort to charge my Credit Card each month to maintain my account in an active status.

AccessPort charges will appear on your credit card statement as being billed by Electronic Directories, Inc.

With my signature below, I agree to abide by the Rules of the Internet and AccessPort Subscriber Agreement. I also agree to abide by the AccessPort Software Use Agreement and acknowledge receipt of both documents from AccessPort. If under 18, the signature of my parent or guardian (who will be responsible for my actions) accompanies my signature.

Signature \_\_\_\_\_ Age (if under 18) \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_