

Internet Subscription

***Required Field**

Account #: _____

User Information

*Name: _____ *SS# or D.L.#: _____

Business Name (If Applicable): _____

*Billing Address: _____

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

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

E-mail Address: _____ Fax: (____) ____ - _____
(if not using MIDTEL)

Subscription Information

*Optional Prepay Plans: (Please mark the appropriate box if you are planning to prepay)
6 months (\$105.00) or 1 year (\$205.00)

*Username: _____
(Lower Case Only)

ADDITIONAL MAIL BOXES

Please
Read

*Password: _____ + _____
Must contain: numbers,
Upper / Lower case letters
and symbols

Minimum of 6 characters for Username & Password

Payment Information

Please check one of the following payment methods:

Please make Checks
Payable to
MIDTEL

Check MasterCard* AMEX*
 Cash Visa* Discover*

Card#: _____

Expiration Date: (Mo/Yr):
_____/____/____

***CREDIT CARD
PAYMENT**
 One time only
 Monthly Payment
If you wish to have
your payment auto-
matically deducted,
please fill out an
authorization form

Package & Equipment Choice(s)

- MIDTEL NET Anti Virus **FREE
- MIDTEL NET SPAM Blocker **FREE

Price: \$ 18.95

Please check the box if you have Call Waiting
*Because it may negatively affect your internet service please ask
our Customer Representative for details.

Set-Up: \$ 5.00

Total: \$ _____

Please sign me up with MIDTEL for the Internet rate plan I have selected above. I am therefore entitled to the hours of access set forth by that plan. I understand that when additional charges are applied to my account they will be for the amount per hour assigned to that plan. By signing this form you acknowledge and agree to adhere to MIDTEL's acceptable use policy (AUP). This can be found at www.midtel.com.

Signature: _____ **Date:** ____/____/____

For Administrative Use Only:

Revised 3/28/18

CSR _____ Date _____ Time _____ Entered By _____ Account Change