



940 Centre Circle, Suite 1008, Altamonte Springs, FL 32714  
Voice: 407-682-3991, Fax: 407-682-7731

## Service Order ADSL Internet Access – Bellsouth Residential

I, the undersigned, hereby authorize Future Business Solutions (FBS) to install ADSL Internet access at the following location.

Subscriber Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Desired Install Date: \_\_\_\_\_

Service Desired (select one):

- 1.5M/384K, Monthly Billing (\$49.95 per month, \$50.00 installation)
- 1.5M/384K, Quarterly Billing (\$44.95 per month, \$50.00 installation)
- 1.5M/384K, Yearly Billing (\$39.95 per month, \$50.00 installation)
- 3.0M/512K, Monthly Billing (\$99.95 per month, \$50.00 installation)
- 3.0M/512K, Quarterly Billing (\$94.95 per month, \$50.00 installation)
- 3.0M/512K, Yearly Billing (\$89.95 per month, \$50.00 installation)

Desired Email Address(es):

\_\_\_\_\_ @fbs.net      \_\_\_\_\_ @fbs.net

Equipment Needed (select one):

1 Port ADSL Modem / Router (\$79.95)

4 Port ADSL Modem / Router (\$89.95)

My Computer's Operating System Is (select one):

Windows 95 / 98 / ME

Windows 2000 / XP

Mac OS 7 / 8 / 9 / X

I'm not sure

My Computer Has A LAN (Ethernet) Port (select one):

Yes

No

I'm not sure

I would like to be billed (select one):

Via Postal Mail

Via Email

Via Credit Card

Credit Card Authorization:

Name On Card: \_\_\_\_\_

Statement Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_      Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_