

## Poldav Dial-Up Internet Order Form

Company Name

**Location Address**

Street

City

State

Zip

Phone Number

Contact Name

**Billing Address**

Street

City

State

Zip

Poldav Account Number (if existing customer)

Customer's signature authorizing Poldav to provide Dial-Up service

Date

**Method of Payment:** Check (make payable to Poldav)  
Credit Card (if Credit Card is selected, please complete bottom portion of form)

Undersigned customer hereby authorizes Poldav to charge the below listed credit card number in payment for discounted long distance and or Dial-Up Internet service through Poldav. The undersigned understands that the same terms and conditions normally governing the use of the credit card apply to this use as well. The undersigned customer authorizes Poldav and its agents to perform credit card checks and other credit or financial information or references submitted to Poldav, where permitted. The customer can cancel the service at any time through Customer Service. The undersigned represents that he/she has the authority to request service(s) for the customer.

**If credit card as method of payment, please complete the following:**

Please circle the type of Credit Card:

VISA

AMEX

Diners

Master Card

Discover

Credit Card Number

Expiration Date

Credit Card Holder Name

Credit Card Holder's Signature

Date

**FOR POLDAV AGENT USE ONLY:**

Rep Name:

Rep Number:

Comm. Code or Data ID:

**FAX YOUR COMPLETED FORM TO POLDAV AT: 1-617-227-9294**