

720 B Aerovista, San Luis Obispo, CA 93401
 (800) 773-7168 Fax (805) 783-4617

**EQUIPMENT & BANDWIDTH
 ACTIVATION FORM**

Partner: _____ (If Applicable) **Date:** _____
Contact Name _____ **Phone** _____
(The contact person will be called and issued the Billing ID from Ground Control)

CUSTOMER INFORMATION

Customer Name: _____ **Cell Phone** _____
Company Name: _____ **Home Phone** _____
Installation Address: _____ **Email:** _____
City, State, Zip Code: _____ **Fax:** _____
IRU# Serial: _____
DW4020 - GWH# Serial: _____
Pre-DW4020 Site ID: _____ **Terminal IP** _____
Dish Size: .74 meter (standard) .98 meter 1.2 meter (Please circle one)

TYPE OF SERVICE: Mobile or Fixed 4020: YES NO
(Please circle one)
LEVEL OF SERVICE: Standard - Plus - 4020 Plus 256 (Please circle one) **Public IP Address:** YES NO
(Please circle one)
Installation Requested? YES NO (Please circle one) **Requested Satellite:** _____
Equipment Requested? YES NO (Please circle one)
*Equipment Order form attached * Shipping charges will apply

PAYMENT INFORMATION

AMEX VISA MASTERCARD (Please circle one) (Customer Only)
Credit card or advance payment is required to activate account
Name on Credit Card: _____ **CC#:** _____
Billing Address: _____ **Exp. Date:** _____
City, State, Zip Code: _____
Customer Signature: _____

GROUND CONTROL – OFFICE USE ONLY

Customer ID#: _____ **BID#:** _____
Customer Info Entered: _____ **QB Entered:** _____ **Transponder & Frequency:** _____
Monthly Fee: _____ **CC# Approved:** _____ **Routing Software Code:** _____

Fax to: (805) 783-4617