



Fax Completed Form to: (530) 274-5954

GVNET CUSTOMER REGISTRATION

DATE: _____ NETWORK COMPUTER: PC MAC
Last Name: _____ First Name: _____
Company: _____
Street Address: _____ City: _____ St. _____ Zip: _____
Daytime Phone: _____ Evening Phone: _____
How did you hear about GVNet? _____

USER VERIFICATION INFORMATION

Birthdate: _____ Mother's Maiden Name: _____

CREDIT CARD INFORMATION

Payment Information: VISA MC DISCOVER QUARTERLY BILLING
Name: _____ Visa/MC/Dicover Card #: _____ Exp. Date: _____

LOG-IN INFORMATION

Please choose login ID: _____ @gv.net
(First letter of first name, followed by first 8 letters of last name, 9 letter limit)
Password: _____ (8 character limit) Do you plan on having a Website? _____

OFFICE USE ONLY

- | | | |
|--|---|--------------------------------|
| <input type="checkbox"/> NetSuper | <input type="checkbox"/> Invoice _____ | <input type="checkbox"/> Notes |
| <input type="checkbox"/> NetBusiness | <input type="checkbox"/> Userlist _____ | |
| <input type="checkbox"/> Business Online | <input type="checkbox"/> Login _____ | |
| <input type="checkbox"/> NetDedicate | Method of Payment | |
| <input type="checkbox"/> Domain Service | <input type="checkbox"/> Credit Card | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Check | |
| | <input type="checkbox"/> Agreement Signed | |

Additional Logins: