



Please fax back to Virgin Technologies  
(780) 469-4475 or email to  
info@virgintechnologies.com

Products	Xplornet Ka (Bus)   MoboSat Ka
MAC Address	

**Partner Information:**

Partner Name:		Sales Partner #:	
Employee Name:		Phone Number :	
Street:		Email address:	
City:	Province:	Postal Code:	Country:

**Installer Information:** Installer Name: \_\_\_\_\_ Installer Number: \_\_\_\_\_

**Airtime Packages**

	ACCESS 100	ACCESS 200	ACCESS 300	ACCESS 400	Please Choose an Airtime Package
1-Year Contract <input type="checkbox"/>	<input type="checkbox"/> \$59.99 / mth	<input type="checkbox"/> \$99.99 / mth	<input type="checkbox"/> \$149.99 / mth	<input type="checkbox"/> \$199.99 / mth	
2-Year Contract <input type="checkbox"/>	<input type="checkbox"/> \$54.99 / mth	<input type="checkbox"/> \$89.99 / mth	<input type="checkbox"/> \$134.99 / mth	<input type="checkbox"/> \$179.99 / mth	

**Additional Service Fees**

System Access Fee: 2-Year Contract - \$99; 1-Year Contract - \$199

If tax exempt, please enter tax exemption # here \_\_\_\_\_ Please fax a copy of documentation of tax exemption

**Customer Information:**

Name/Company:	Phone:
Street: _____ City: _____	Fax: _____
Province: _____ Postal Code: _____	Direct: _____
Company Contact Name:	Phone: _____
Email Address (for invoicing and communication)	

If Installation location is different from above address please specify

Street: _____	City: _____
Province: _____	Postal Code: _____
Phone Number: _____	

**Pre-Authorized Payment Options**

I authorize Virgin Technologies Inc. to debit the amount due each month from my Credit Card:

MASTER CARD     VISA     AMEX    CVV Code (Mandatory): \_\_\_\_\_

Credit Card # _____	Expiry:    M/    Y/
Name on Card: _____	
Authorized Signature (for payment): _____	

The above information is accurate, I have completed the site survey. By signing this document, I agree to the Virgin Technologies Terms and Conditions attached hereto.

Customer Signature: _____	Date: _____
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Ka-band Service Agreement