



Web Hosting Agreement

Head Office:
 16 Mill Street East
 PO Box 70
 Milverton, Ontario
 Tel: 519 595-9252

In Stratford:
 140 Downie Street
 Enter from St. Patrick
 Stratford, Ontario
 Tel: 519 272-0451

Fax: 519 595-4143 or 1-866-595-4143

www.cyg.net

A subsidiary of Mornington Communications Cooperative Limited

DATE: _____ CUSTOMER SERVICE REPRESENTATIVE: _____

CUSTOMER NAME/ COMPANY NAME: _____

BILLING ADDRESS: _____ CITY: _____ PROV: _____

911 ADDRESS: _____ POSTAL CODE: _____ TELEPHONE: _____

CONTACT: _____

CUSTOMER INFORMATION: (2 pieces of ID are required.)

DRIVER'S LICENCE: EMPLOYER:

VISA/MASTERCARD: PHONE:

BIRTHDATE: ADDRESS:

SOCIAL INSURANCE #: OCCUPATION: HOW LONG?

RENT OWN HOW LONG?

PLEASE NOTE: CYG.NET INTERNET USES ONLINE BILLING AND DOES NOT SEND OUT A PAPER BILL

	Details	For Cyg.Net Internet Use	
Type of Domain		Domain address:	www.
Monthly Rate		Server:	
Traffic Stats	INCLUDED	Other Requests:	
MYSQL			
SSL*		Completion Date:	
SiteBuilder		Acct Number:	

* there is a \$100.00 SSL setup fee.

PRE-AUTHORIZED PAYMENT AUTHORIZATION

SELECT ONE OF THE FOLLOWING AND COMPLETE DETAILS AS REQUIRED:

From Bank Account

(Please provided an unsigned VOID cheque)

Bank Number _____ Transit Number _____

Account Number _____

From Credit Card

__ Visa __ Mastercard

Expiry date ____ / ____ (mm/yy)

I agree that a Pre-authorized Debit in the amount of my monthly invoice may be drawn from my account monthly on the 26th (due date). I will promptly inform Mornington Communications/Cyg.Net Internet, in writing, of any changes in the account information prior to the next due date of the preauthorized debit. Either myself or Mornington Communications/Cyg.Net Internet may revoke this authorization by delivering a **WRITTEN NOTICE** to the other party at any time. I also warrant that all person(s) whose signatures are required to sign on the account have signed this authorization.

Signature _____

2nd Signature (if required on Chequing Account) _____