

## DSL Order Form - ISP Transfer

F-02

Customer Information			
Customer Name		Business Name	
DSL Tel. No.		Other Phone No.	
Service Address		Fax No.	
City, State, Zip		Email Address	

Order Transfer Information			
Current ISP		Request Line Speed	
Current Line Speed		Monthly Charge	
Email Box(es)	___ No; If yes, how many: ___	Need CPE?	___ Modem ___ Router
User Name(s)	_____;	Installation Charge	Waived
Additional IP	___ No; If yes, how many: ___	Web Hosting	___ No ___ Yes

Billing & Shipping Information			
Credit Card Type	___ Visa ___ Master ___ AMEX	Billing Address	
Credit Card No.		City, State, Zip	
Expiration Date		Shipping Address	
Authorizer		City, State, Zip	

Provisioning Information (For Internal Use Only)					
Sales:		CLEC Order #		Installation Due:	
Provisioner:		CLEC Order Date:		Service Up Date:	
Firstgate Order #		Note:			

**By signing below, I authorize FirstGate.Net to transfer DSL service on above TN from my current ISP to Firstgate.Net. I have already read and agree to FirstGate.Net terms and conditions attached with this order form. I will also follow FirstGate.Net Acceptable Use Policy (AUP) to use the service.**

 \_\_\_\_\_  
 Signature

 \_\_\_\_\_  
 Date