Ragged Edge Community Network Society

PO Box 458, Port McNeill, BC V0N 2R0
Ph: (250) 956-2282 Fax: (250) 956-2221
Toll Free: 1-866-950-7326
www.recn.ca email: info@recn.ca

SIGN UP FORM

Site Information		Mailing Address (if different)
First Name: _____		Box #: _____
Last Name: _____		City: _____
Street Address:_____		Postal Code: _____
City: _____		Email for billing: _____
Postal Code: _____		
Phone Number: _____		
2nd Phone Number: _____		
Email Address: _____		

Statements are emailed to subscribers and are due prior to the 1st of the month.

Internet Account Information:

Service Type: [] Residential [] Commercial

User Verification Question: _____
(Example: Mother's Maiden Name)

User Verification Answer: _____

User Name: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]@recn.ca
(Must be 3-16 characters)

Password: [ ][ ][ ][ ][ ][ ][ ][ ]

PASSWORD must be 5-8 characters long
Must have at least one capital letter
Must have at least one number and
Must have NO spaces

Subscriber Declaration:

I/we have read and agree to adhere to the acceptable use policy of Ragged Edge Community Network Society. _____ Date: _____
Signature

Payment Information:

[] Credit Card * [] Bank Debit *

[] Other: RECN also accepts cash, cheque, and money order and is registered for electronic bill payment through selected financial institutions.

* Pre-authorized payments will be processed on the first business day of the month. Pre-authorized payments must be arranged with the RECN administrative staff directly.

Office Use Only:

Mac Address:_____ Modem #_____
(XX:00:XX:00:XX:00)

Date Received: _____ Modem Type: [] Indoor [] Outdoor
Date Hooked up: _____
Billed Setup Fee: _____ $_____
Billed Installation Fee: _____ $_____
Started Monthly Billing:_____