Ragged Edge Community Network Society

PO Box 458, Port McNeill, BC V0N 2R0
Ph (250) 956-2282 Fax (250) 956-2171
www.recn.ca email: info@recn.ca

SIGN UP FORM

Site Information

First Name: _____

Last Name: _____

Street Address: _____

City: _____

Postal Code: _____

Phone Number: _____

2nd Phone Number: _____

Date of birth: _____

Mailing Address (if different)

First Name: _____

Last Name: _____

Street Address: _____

City: _____

Postal Code: _____

Email for billing: _____

Place of Employment : _____

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

Place of employment and Birth date are used to confirm applicant is of age to obtain service and may be used to pull a credit bureau report for collections purposes.

I have read the above statement. _____
Initial

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 to accept 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 #_____

Modem Type: ☐ Indoor ☐ Outdoor

Billed Activation/Membership Fee: _____ $_____

Billed Installation Fee: _____ $_____