

Leapfrog Internet Agent Order Form

Company Name _____
Contact Name _____
Address _____
Address _____
City _____ State _____ Zip _____
Telephone _____
Current Email _____

Agent Name: _____
Agent Company: _____
Phone: (____) _____
Fax: (____) _____
Email: _____
Agent ID: _____
Would you like to be copied on setup
email? Yes No

Billing Cycle (please circle one): Monthly 3 Month 6 Month Annual

Payment Method (please circle one): Credit Card ACH Invoice (\$3 per month)

CC# _____ x _____ Purchase Order # (if applicable) _____

Name on Credit Card (if different than above): _____

Account Type (please circle one): 56K 64K ISDN 128K ISDN

Usage Plan (please circle one): Limited- 150 Hours 300 Channel Hours-ISDN Unlimited

Rate Quoted To Customer: \$ _____ per /month/3 month/6 month/annual

Access Number (if known): (____) _____

DESIRED LOGIN NAME _____ (3-10 characters, all lower case)

DESIRED PASSWORD _____ (3-10 characters, all lower case)

Additional Notes:

I am placing this order as an authorized agent of the company listed above.

Signature

Date

Please fill out entire form (and Credit Application or ACH if applicable) and fax (along with Purchase Order if applicable) to Leapfrog Sales Dept at 313.557.1637