

Customer ID# _____
Effective Date _____
Monthly Charge _____

LEAPFROG INTERNET ACCOUNT BILLING INFORMATION- Monthly payment by PayPal

Your Name: _____
Your Address: _____ City: _____ State: ____ ZIP: _____
Your Phone: (____) _____
Your Email Address: _____

Please Fill Out:

1) Your local access number (please use the Search for Access Numbers tool on our web site at www.leapfroginternet.com): (____) _____

2) Operating System: Windows 95/98/2000/ME/XP Mac OS 8/OS 9/OS 10/OS X

Username (please enter a desired username, 3-10 characters, letters and/or numbers only):

Password (please enter a password, 3-10 characters, letters and/or numbers only):

NOTES/Special Instructions:

By submitting this form, you acknowledge that Leapfrog Internet will provide monthly Internet access to you and will be paid via your PayPal account on a recurring monthly basis. You may cancel your account at any time by following the policies and procedures as described on our website at www.leapfroginternet.com.

Signature: _____ Date: _____

Please fill out this form and send to:

Leapfrog Internet
Attn: Billing Department
P O Box 986
Castle Rock, CO 80104
Sales: 877.807.0989

Once we receive your PayPal payment, we will activate your account and contact you with setup instructions.