

Customer ID# _____
Effective Date _____
Monthly Charge _____
Billing _____



LEAPFROG INTERNET ACCOUNT BILLING INFORMATION- Prepayment by Check/Money Order

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

Desired Account Type (circle one):

1) 56k / 128k ISDN / Other: _____

2) Usage Plan- Unlimited / Limited

3) Term- Monthly Quarterly Semi-Annually Annually

4) Amount \$_____ (please visit our pricing guidelines on our web site at www.leapfroginternet.com for accurate price including setup fees.)

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

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

Username (please enter a desired username, 5-10 characters, letters and/or numbers only):

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

NOTES/Special Instructions:

Please fill out this form and send along with check (made out to Leapfrog Internet) to:

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

Once we receive your check/money order, we will activate your account and contact you with setup instructions.