

**E-mail Accounts Application Form****CUSTOMER INFORMATION:**☐ Individual☐ Corporate

Customer Name:.....Company Name:.....

Address.....District: ..... City:.....

Tel.(Home):.....(Office):.....(Mobile):..... Fax:.....

**SUBSCRIPTION INFORMATION**

Start Date: ..... / ..... / .....

**E-mail Address Fee:**

Quantity	Price	Qty
1 Mail	35	
5 Mails	150	
20 Mails	500	
50 Mails	750	
100 Mails	1000	

**Requested E-mail boxes:**

No	USERNAME	Password	Alias
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			