

All fields required unless noted otherwise

Dealer/Distributor Information:

Dealership/Distributorship Name: _____

Contact Name: _____ Contact E-mail: _____

Phone #: _____ Fax #: _____

Subscribing Company Information:

(Note: If existing KVH account, please provide KVH account #) KVH Account #: _____

Subscribing Company Name: _____

Subscribing Company Address: _____

City: _____ State/Province: _____

Postal/Zip Code: _____ Country: _____

Phone #: _____ Fax #: _____

VAT #: _____

Primary Company Representative Name: _____

Primary Company Representative E-mail: _____

Primary Company Representative Title: Owner Fleet Manager IT Manager Captain Other _____

Secondary Company Representative (if applicable): _____

Secondary Company Representative E-mail (if applicable): _____

Secondary Company Representative Title (if applicable): Fleet Manager IT Manager Captain Other _____

Service Payment Information:

Invoiced* Credit Card (Internal Use Only: Credit Approved _____ KVH Initials _____)

Credit Card #: _____ Exp. Date: _____ Card Type: MC VISA AMEX DSC

Billing Representative Name (same as: Primary Secondary): _____

Billing Representative E-mail (same as: Primary Secondary): _____

Billing Address (same as: Primary Secondary): _____

City: _____ State/Province: _____

Postal/Zip Code: _____ Country: _____

Phone #: _____ Fax #: _____

Fax or e-mail this completed form, an Initialed Airtime Services End User Agreement & all required forms to the appropriate KVH Airtime Group:

Americas & Australia
 +1 401 851-3823
 satelliteservices@kvh.com

Europe, Mideast, Africa & Asia
 +45 45 160 181
 airtime@kvh.dk

Company Representative Name: (PRINT) _____

Company Representative Signature: _____ **Date:** _____

Your signature indicates that you have read, understand, and accept the terms and conditions of the KVH Airtime Services End User Agreement. \$100.00 activation fee per vessel applies. (Please allow two business days to process.)

All fields required unless noted otherwise

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Subscribing Company _____ KVH Account #: _____
 (if available)

Vessel Information

(Vessel Information is required for every vessel in a fleet; use form: "TracPhone V7 – Existing Commercial Account: Add-a-Vessel" for additional vessels)

Vessel Name: _____

Vessel Country of Registration: _____ Vessel Year/Length: _____

Vessel Gross Tonnage: _____ Vessel IMO Registration#: _____
 (if applicable)

Vessel Phone #: _____ Vessel Radio Call Sign: _____
 (if available)

Vessel Type: Bulk Carrier Fishing Naval Passenger
 Charter Government Non-ship Structures (rigs, etc.) Tanker
 Containership Inland Waterways Offshore Other _____

Vessel Authorised Representative #1 Name _____

Vessel Authorised Representative #1 E-mail: _____

Vessel Authorised Representative #1 Title: Captain First Mate Other _____

For details on functions permitted by Authorised Representatives, or if you have additional Authorised Representatives to register, please see:
 "Airtime Account Authorised Representative Form" at www.kvh.com/mvbservice

Pick Vessel's Rate Plan¹:

Fixed Standard Rate Plans:

(includes data and 2 phone lines of Enhanced Voice Service)

Plan F0 \$995 per month²
 Plan F1 \$1,495 per month²
 Plan F2 \$1,995 per month²
 Plan F3 \$2,495 per month²
 Plan F4 \$2,995 per month²
 Plan F5 \$4,495 per month²
 Plan F6 \$5,995 per month²
 Other \$_____ per month²
 Uplink: _____ Downlink: _____

Fixed Seasonal Rate Plans:

(includes data and 2 phone lines of Enhanced Voice Service)

Plan S0 \$1,495 per month³
 Plan S1 \$2,250 per month³
 Plan S2 \$2,995 per month³
 Plan S3 \$3,750 per month³
 Plan S4 \$4,495 per month³
 Plan S5 \$6,750 per month³
 Plan S6 \$8,995 per month³
 Other \$_____ per month³
 Uplink: _____ Downlink: _____

Metered Megabyte Rate Plans:

(includes data and 1 phone line of Enhanced Voice Service)

Plan M50 \$49 per month⁴
 Plan M250 \$249 per month⁴
 Plan M500 \$499 per month⁴
 Plan M1000 \$999 per month⁴
 Plan _____ per month⁴

Vessel's System Details:

ViaSat Modem Serial #: _____

Antenna Serial #: _____

Antenna Control Unit Serial #: _____

Remote Support Module ID #: _____

MTA/VoIP Router Serial #: _____

VoIP MAC Address: _____

UCH-250 Fax Server ID #: _____
 (if applicable)

Requested Country of Origin & Area Code of Enhanced Voice Service Phone(s):

Line #1: _____

Line #2: _____
 (if applicable)

Requested Service Start Date: _____

Promotional Code: _____
 (if applicable)

Term of Contract:

Hardware: Owned 1-yr 2-yr 3-yr Leased⁵: 3-yr 4-yr _____

GlobalCare Service Plan:

Subscribe Declined if subscribing, submit "GlobalCare Program Agreement"

Options:

UCH-250 Fax Server Plan: \$45/month Static IP: \$29/month per region⁶

¹ All plans subject to a \$29/month service fee for remote diagnostics & monitoring service

² Plus any Enhanced Voice Service long distance charges that may apply

³ Plus any Enhanced Voice Service long distance charges that may apply; minimum of 3 consecutive months; idle month fee of \$195 applies; see rate sheet for details

⁴ Plus any MBs over plan allotment & Enhanced Voice Service charges that may apply

⁵ Leased equipment requires a lease contract; see Leasing Program for details

⁶ For details; visit www.kvh.com/staticip

For Internal Use Only: