

All fields required unless noted otherwise

Dealer/Distributor Information:

Dealership/Distributorship Name: _____ Contact Name: _____

Contact E-mail: _____ Phone #: _____ Fax #: _____

Subscriber Information:

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

Subscriber Name: _____

Address: _____

City: _____ State/Province: _____

Postal/Zip Code: _____ Country: _____

Phone #: _____ Fax #: _____

Subscriber E-mail: _____ Social Security #: _____

Date of Birth: _____ Any other authorised account representatives in addition to subscriber?

Yes No

(if Yes, submit "KVH Airtime Account Authorised Representative Form")

Corporate Account Information:

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

Company Name: _____ Contact Person: _____

Contact Person E-mail: _____ VAT #: _____

Company Address: _____

City: _____ State/Province: _____

Postal/Zip Code: _____ Country: _____

Phone #: _____ Fax #: _____

Service Payment Information:

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

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

Billing Representative Name *(same as: Subscriber Corporate)*: _____

Billing Representative E-mail *(same as: Subscriber Corporate)*: _____

Billing Address *(same as: Subscriber Corporate)*: _____

City: _____ State/Province: _____

Postal/Zip Code: _____ Country: _____

Subscriber Signature: _____

All fields required unless noted otherwise

Vessel Information:

Vessel Name: _____

SAIL POWER Vessel Type: Boat/Yacht Charter Houseboat Other _____

Vessel Make or Builder: _____ Vessel Country of Registration: _____

Vessel Year/Length/Gross Tonnage: _____ Capacity Onboard: _____

Vessel Phone #: _____ Vessel E-mail: _____
(if available) (if available)

Vessel IMO Registration #: _____ Vessel Radio Call Sign: _____
(if applicable)

Pick your Rate Plan:

Metered Megabyte Rate Plans:

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

- Plan M50 \$49 per month¹
- Plan M250 \$249 per month¹
- Plan M500 \$499 per month¹
- Plan M1000 \$999 per month¹
- Plan _____ per month¹

Term of Contract:

Owned Hardware: 1-yr 2-yr 3-yr Leased Hardware²: 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 region
details at www.kvh.com/staticip

¹ Plus any MBs over plan allotment & Enhanced Voice Service charges that may apply
² Leased equipment requires 3- or 4-year contract; see Leasing Program for details

Your System's Details:

ViaSat Modem Serial #: _____

Antenna Serial #: _____

Antenna Control Unit Serial #: _____

MTA/VoIP Router Serial #: _____

VoIP MAC Address: _____

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

Requested Country of Origin & Area Code of VoIP Phone: _____

Requested Service Start Date:

Promotional Code: _____
(if applicable)

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

Subscriber Name: (PRINT) _____

Subscriber 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 applies. (Please allow two business days to process.)

Notes:

For Internal Use Only:

