

Sales / Support

Suite 270 - 4611 Viking Way
Richmond, B.C., V6V 2K9
Tel: (604) 606-7880
Fax: (604) 606-7886



Server Co-Location

Rack Mounted	Monthly Fee	Set-up Fee	
1 U Rack	\$149.95	\$199.95	<input type="checkbox"/>
2 U Rack	\$224.95	\$199.95	<input type="checkbox"/>
4 U Rack	\$299.95	\$199.95	<input type="checkbox"/>

Tower Case	Monthly Fee	Set-up fee	
Up To 17"	\$299.95	\$199.95	<input type="checkbox"/>

Service includes:

Temperature controlled location
24/7 facility access
Secure facility with 24 hour monitoring
100MB/sec Ethernet switched ports
UPS back up power
1 IP address
Secure web-based remote reboot utility

All server co-location services receive 10GB of traffic free a month.

Contact Info

First Name:	Last Name:
Company Name:	
Address:	
City:	Postal Code:
Telephone #:	Fax #:

Account Info

Extra IP's Required :	8 / 16 / 32 / 64 / 128
InfiNet DNS services required :	YES / NO (If yes contact technical support to create your DNS zone entries)
Email Hosting Required :	YES / NO (If yes attach web / mail hosting application form * Extra charges apply)
Remote Reboot Password :	(You will be provided with a secure URL to reboot your server)

Payment Info

<input type="checkbox"/> CREDIT CARD	Card # : _____	<input type="checkbox"/> PRE-AUTHORIZED PAYMENT (PAP)
	Expiry Date : _____	Attach A Voided Cheek

Contract Info

I certify that all information provided on this form is true and correct. My signature on this document constitutes 'signature on file'. I acknowledge that my account will automatically be renewed unless I personally notify InfiNet Communications Group (refereed to as ICG hereafter) otherwise. I understand that all my corporate/personal information is considered confidential and will not be distributed. If my credit card or bank account is declined there will be an additional \$10.00 handling charge. If payment is not received within 10 working days of notification of decline I agree that my account may be canceled. If this is a Pre-Authorized Payment (PAP), each payment shall be the same as if I/we had personally issued a cheque authorizing ICG as indicated and to debit the amount to my/our account. This authorization may be canceled at any time upon written notice to ICG. I/we understand that if I/we cancel this authorization, it does not mean that my/our contract obligations to ICG are ended. Any delivery of this authorization to ICG constitutes delivery by me/us to the Bank. I/we am/are the sole person(s) required to sign the above account. If this is a credit card purchase, I, the above signed, authorize ICG to bill my credit card for expenses incurred per the membership option selected. If this is a Cash or Cheek payment there is a minimum 3 month package obligation. All payments must be received before the commencement of services.

Name:	Signature:
Sale Rep:	Date: