

To: _____
Attn: _____
Fax: _____
From: _____

siliconet New Form of Payment

1810 Old Oakland Rd. Suite F, San Jose, CA 95131
P: (408) 954-1001 F: (408) 954-1169 <http://www.siliconet.com>

PERSONAL INFORMATION

Name: _____ Company Name: _____

Address: **street:** _____ **Apt:** _____

city: _____ **state:** _____ **zip:** _____

Contact person: _____

Telephone: _____ Fax: _____

BILLING INFORMATION

New Credit Card No: _____ Exp: (MM/YY) _____

Type of Your Credit Card: Credit VISA Master Amex

Card Holder's Name: _____

Monthly Fee: \$ _____ per month

I agree to comply with any and all acceptable use policies of any networkd or systems accessed via Siliconet Internet Services. Failure to abide by such policies may result in termination of Siliconet Internet Service. I confirm that I am at least 18 years of age. And I authorize BigBang Technology, Inc. to charge my Visa/Master/Amex account given above for charges that I may accrue from month to month for Siliconet Internet Service. This authorization is valid until revoked in writing.

Signature: _____ **Date:** _____