



MooMail E-Mail Account
 Dial-Up Internet Access

DIAL-UP & MOOMAIL SIGN-UP FORM

Please choose the service you would like to subscribe to by placing a check in the box provided and then complete the remaining fields on the form. You may either mail the completed form to: Silicon Dairy, LLC. PO Box 9505, South Burlington, VT. 05407-9505 or send by FAX to 802.846.4434. Forms sent via postal mail may require up to 5 business days to process. Forms received via FAX prior to 5:00pm Vermont local time will be processed the same day.

Your "username" is the first half of your e-mail address before the @-symbol. Silicon Dairy LLC. usernames must be a minimum of three (3) characters in length, but no more than sixteen (16). Usernames may be a mix of numbers and letters, but must begin with a letter of the alphabet. Special characters, periods, dashes, and underscores are NOT permitted. If your first choice is not available, your second will be used. If neither are available, we will contact you.

Username First Choice:

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Username Second Choice:

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BILLING INFORMATION

Your Name (print): _____

Address, City, State, Zip: _____

Phone Number: _____

Security Question & Answer: Q: _____
 A: _____

Payment Method: Use existing Silicon Dairy, LLC. account information (simply sign below).
 Visa MasterCard American Express Discover

CC Account Number:

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CC Expiration Date:

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CC Verification Number:

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 3 digits on the back of the card on Visa, MasterCard or Discover in the signature space.
 4 digits embossed on the front on American Express cards.

Name On Card: _____

I hereby authorize Silicon Dairy, LLC. to charge my account in advance for all charges for services provided by Silicon Dairy, LLC. that I might accrue, including fees for any other services that I might order as an extension of this agreement. I authorize Silicon Dairy, LLC. to do so using the payment method selected.

I have reviewed the Terms of Service (located at <http://www.silicondairy.net/about/legal.html>) and hereby accept and agree to abide by these terms. This authorization shall be deemed valid unless revoked by me in writing. I certify that the foregoing information is true to the best of my knowledge. I agree that my signature shall be deemed valid and legal.

Signature: _____