

Subscriber Credit Application

Please return to:

JouBeh Technologies
21 Thornhill Drive, Dartmouth, NS B3B 1R9
Fax: +1-902-468-6722
sales@ioubeh.com

Business Name: <u>M B A R I</u>			
Technical Contact			
First Name: <u>Alana</u>			
Last Name: <u>Sherman</u>			
Full mailing Address:			
Address: <u>7700 Sandholdt Rd</u>			
City: <u>Gloss Landing</u>			
Postal Code/Zip Code: <u>95639</u>			
Province/State: <u>CA</u>			
Area Code & Telephone #:() <u>831-775-1786</u>			
Fax #:() <u>831-775-1646</u>			
Emailaddress: <u>alana@mbari.org</u>			
Cellular # (optional): _____			
Accounting Contact			
First Name: <u>Judy</u>			
Last Name: <u>Nelson</u>			
Full mailing Address:			
Address: <u>SAME</u>			
City: <u>"</u>			
Postal Code/Zip Code: <u>"</u>			
Province/State: _____			
Area Code & Telephone #:() <u>831-775-1760</u>			
Fax #:() _____			
Emailaddress: _____			
Cellular # (optional): _____			
CREDIT CARD INFORMATION for Monthly Billing (Visa or MasterCard)			
Credit Card Type	Number	Expiry Date	Name, as it appears on credit card
	_____	____/____	
PRE-AUTHORIZED DEBIT			
Please attach a void cheque to the account you wish the funds drawn from.			
IRIDIUM SATELLITE SERVICE INFORMATION			
RUDICS	Short Burst Data (SBD)	Circuit Switched Data (CSD)	
CUSTOMER SERVICE ACCEPTANCE (Must be completed by customer)			
I recognize that the provision of Services I have requested shall be provided by JouBeh Technologies pursuant to JouBeh Technologies' commercial terms and conditions as posted on JouBeh Technologies' website at www.joubeh.com at the time of provision of Services and I agree to abide with and be bound by those terms and conditions.			
<u>Alana Sherman</u>		<u></u>	
Authorized name (please print)		Authorized signature	
		<u>1 / 11 / 11</u>	
		Date: (dd/mm/yy)	