

Delphis Hanover Corporation Subscription Account Application Form

Please complete this form, sign and date it and fax it to us at 203-262-1865

Make sure entries are printed clearly.

Company Name:				
Contact Name:				
Department:				
Billing Address:				
City:		State:		Zip:
Telephone:				
Fax:				
E-mail:				
Required Service (Check One):	Monthly Web Package	Yearly Web Package		
Price:	\$	\$		
Payment Method (Check One):	Credit Card	Check against Invoice		
Name on Credit Card:				
Credit Card Number:				
Credit Card Expiry:			Authorization Code:	
Subscriber Signature*:				
Date:				

* Note that signing this form constitutes acceptance of our terms and conditions. These are listed below and on the world wide web at www.delphishanover.com/CashSignup.html - printed copies available on request.