Order Form

MAIL: JASKE.COM, Inc. PO Box 59823, Chicago, IL 60659 **FAX**: 312-873-3852

Contact Info:

Company _____

Contact _____

Address _____

City, State, Zip _____

Phone _____

Fax _____

Current email _____

Start Date _____

Bill to Address *(if different than Contact Info)*

Name _____

Address _____

City, State, Zip _____

Billing Email _____

Phone/Fax _____

I Want to Order: ***(Check all that apply)***

WEB HOSTING DOMAIN(s):

If more than 3, attach on separate sheet

_____

_____

_____

WEB HOSTING PACKAGE:

NON PROFIT

☐ NonProfit1 ☐ NonProfit2 ☐ NonProfit3

PREMIUM

☐ Ripple ☐ Whirlpool ☐ Tidal Wave

ECOMMERCE

☐ Ecommerce1 ☐ Ecommerce2 ☐ Ecommerce3

ACCESS:

☐ Dialup ☐ ISDN 64K ☐ ISDN 128K

How did you hear about us?

Check One:		*Please Specify:*
Friend	☐	_____
Search Engine	☐	_____
Print Ad	☐	_____
Other	☐	_____

Login/Username(s):

Hosting accounts use 1st 8 characters of domain name less .com, .net and .org.

_____

_____

_____

Password(s):

At least six characters, with upper & lower case letters and/or numbers.

_____

_____

_____

Payment Information:

Prepay/Check Credit Card Other: _____

Credit Card Information *(please fill out if paying by credit card)*:

Credit Card # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Exp ☐☐/☐☐

Name on Card _____

Signature

OFFICE USE ONLY

SERVER(s): _____ DATE ENTERED: _____

IP(s): _____ COMPLETED BY: _____

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Jaske.com Internet Solutions for Business