



MONICORP INC.
o/a CANDSL.COM
1510 Merivale Road, Suite 20
Ottawa, ON K2G 3J6

TEL: (613) 321-SURF(7873)
Toll Free: 1(866) 740-SURF(7873)
FAX: (613) 228-8830



www.candsl.com

For Monicorp Use Only

Modem Serial Number: _____
Monicorp Account No.: _____

IP Address: _____
Network Card Serial No.: _____
Date Activated: _____

CanDSL.com Residential Hi-Speed DSL Services

Basic(256K) DSL

- \$29.95/month
- \$329.00/year

- Unlimited hours online
- Up to 10 GB Bandwidth
- 5 email addresses
- 20 MB mail storage
- Web mail access
- 10 MB for a homepage

5.0M DSL

- \$35.00/month
- \$385.00/year

- Unlimited hours online
- Up to 50 GB Bandwidth
- 15 email addresses
- 20 MB mail storage
- Web mail access
- 10 MB for a homepage

Promo Code: _____

Static IP(\$6/month)
Web Hosting (\$4.95/month)

Extra Bandwidth:
-10GB/month (\$5/month)
-30GB/month (\$10/month)

Network Cards & Filters

Network card \$ 20.00 + taxes ea.
Line Splitter w/ filter \$ 12.00 + taxes ea.
ADSL Line filters \$ 6.00 + taxes ea. _____

Please note: Upon activation of your ADSL connection, there will be noise on the line. You will require a line filter for each telephone you have in your house.

Self Install ADSL Modem Kits

Visit www.CanDSL.com for latest kits and pricing

USB Speedstream 4060 FREE
Speedstream 4200(Eth/USB) \$ 75.00 + taxes ea.
Speedstream 6520(Wireless) \$109.00 + taxes ea.
On-Site installation \$ 60.00 + GST
I already have a modem

Pricing is valid for new subscriptions only.

*Internet Services are subject to GST.
\$20.00 Activation Fee applicable.

Owner of Phone Line Info:

(As it appears on your telephone bill; Billing info on next page)

Phone number for ADSL Connection:

(_____) _____ - _____

Full Name: _____

Apt/Suite No. _____

Street No., Name: _____

Street Type: _____ (Av, Bl, Cir, Rd, St, Terr, Way, etc.)

Street Direction: ___N ___E ___S ___W

City: _____ Province: _____

Postal Code _____

Current Email Address: _____

Contact Numbers: Home: (_____) _____ - _____

Required Work: (_____) _____ - _____

Fax: (_____) _____ - _____

Internet Account Information:

(Username 4-8 characters, Password 6-10 characters)

Logon UserName: _____@simplysurf.net

Logon Password : _____

Email Addresses Requested:

(Username 4-8 characters, Password 6-10 characters)

Email #1: _____@candsl.com

Password: _____

Email #2: _____@candsl.com

Password: _____

Email #3: _____@candsl.com

Password: _____

Email #4: _____@candsl.com

Password: _____

Email #5: _____@candsl.com

Password: _____



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Telephone Line Information:

Line Supplier

- Bell**
- Allstream(AT&T)**
- Sprint**

Circuit Number:

Please note:

If your supplier is not Bell, you will experience a delay in the activation of your service.

Please initial here _____

Are you currently an ADSL customer with another ISP?

- No, I am not.
- Yes, I am with _____

Cancellation Date: (MM/DD/YYYY) _____

Cancellation Number: _____

USER ID: _____

Please note: ADSL subscribers with other ISPs will be billed until their next billing date, per the terms and conditions of their service.

Please be aware that you could be breaking a contract and early termination fees may apply through your current ISP.

Terms & Conditions

I understand that if I wish to cancel the service provided, I will need to give CANDSL a 45 day written notice by letter mail or email and that any outstanding invoices or charges must be paid in full prior to termination; whether I pay by credit card, cash, or cheque.

Monicorp will automatically renew my account and bill me 14 days in advance if I pay monthly, and 30 days in advance if I pay quarterly or annually.

Signature: _____ **Date:** _____

Credit Card Information and Authorization:

Address of Card Holder:

(same as previous pg _____)

I _____, understand that by signing this form Monicorp Inc. is authorized to bill my credit card for highspeed service, fees and any extra charges that may be incurred while my service is active with CANDSL.

First Name: _____

Last Name: _____

Street No., Name: _____

City, Province _____, _____

Postal Code _____

Telephone Number (_____) _____ - _____

Credit Card Type: ___VISA ___MC ___AMEX

Credit Card Number: _____

Expiry Date(MM/YY): _____ / _____

Name Written on Card: _____

Signature: _____

Date: _____