

PASSWORD GUIDELINES

We have established these guidelines for creating your password to help keep your account from being compromised due to a weak password. Compromised accounts can be used to send spam emails, spoof email, conduct shady communications or just monitor your emails. Please consider these guidelines as a minimum starting point when creating your password. There are many password strength checkers on the web that can be used to check your passwords like www.passwordmeter.com

GUIDELINES

1. **Must** be a minimum of 8 characters (no maximum limit)
2. **Must** contain at least 1 letters and 1 numbers
3. It is *advised* to use a combination of upper and lower case letters
4. It is *advised* to use special characters like ! # @ %
5. The word password **cannot** be used in your password
6. Your complete username **cannot** be in your password
7. An example of a strong password would be TheP0pcorn1sfresh!

***** NOTE

Even a strong password is not a full proof guarantee that it won't be figured out due to, for example, keeping it wrote down and displayed in a visible location or if your computer is compromised with malware or a virus. If you ever suspect your account may be compromised, don't hesitate to contact us and setup a new password.

MONON INTERNET SERVICE
(219)253-6601 (OFFICE) / (219)253-7500 (FAX)
(800)531-7121

VOICE/DATA, DATA ONLY INTERNET ACCOUNT APPLICATION

The following information must be provided in full for an account to be established. This form is an agreement for service under a specific set of terms and conditions, between Monon Telephone Co., Inc. and the undersigned.

Your Name: _____
Company Name: _____
Address: _____
City, State, Zip Code: _____
Telephone Number: (Home) _____ (Work) _____
Date: _____

User Name (3 to 16 characters, must include one letter) _____ (must be lower case)
(Please print clearly)

Password for Email Account (minimum 8 characters, at least 1 letter and 1 number) _____
(Please print clearly)

Refer to password guidelines form to assist in creating your password!

Please check your Monon Telephone Company, email (User Name @urhere.net) often for important messages from Monon Telephone Co.

DSL TELEPHONE NUMBER: _____

I HAVE READ THIS DOCUMENT AND AGREE TO THE TERMS AND CONDITIONS STATED. I AFFIRM THAT I AM LEGALLY QUALIFIED TO CONTRACT AND HAVE ATTAINED THE AGE OF AT LEAST 18 YEARS. I WILL NOT PLACE NOR DISTRIBUTE NUDE OR PORNOGRAPHIC CONTENT. I WILL NOT DOWNLOAD OR UPLOAD ANY TYPE OF DATA THAT IS COPYRIGHTED UNLESS I AM THE COPYRIGHT HOLDER. I UNDERSTAND MY CREDIT WILL BE INVESTIGATED IN ORDER TO TAKE ADVANTAGE OF ANY WAIVERS OR SPECIAL OFFERS OF INSTALLATION. _____ DECLINE

Signature: _____ Driver License Number: _____
Date of Birth: ____/____/____

- * Additional restrictions may apply.
- **Installation must be paid prior to service install if decline.
- ***30 day money back guarantee

*DISCLAIMER OF WARRANTIES. MONON TELEPHONE PROVIDES ALL SERVICES "AS IS" AND DISCLAIMS ALL EXPRESS AND IMPLIED WARRANTIES RELATED TO THE SERVICES, INCLUDING ANY IMPLIED WARRANTY OF NON-INFRINGEMENT, MERCHANTABILITY, OR FITNESS FOR A PARTICULAR PURPOSE. WE DO NOT PROMISE UNINTERRUPTED OR ERROR-FREE SERVICE AND YOU AGREE TO HOLD US HARMLESS FOR ALL SUCH PROBLEMS. WE DO NOT AUTHORIZE ANYONE TO MAKE A WARRANTY OF ANY KIND ON OUR BEHALF AND YOU AGREE THAT YOU WILL NOT RELY ON ANY SUCH STATEMENT.

OFFICE USE ONLY

Order received by : _____ Date: ____/____/____ Time: ____:____

Service Order #: _____ Date: ____/____/____

Set up on Server as a User: ____/____/____ Time: ____:____ By: _____



Add Authorized Users

This form allows the **Primary Account Holder** to designate one or more individuals as **Authorized Users** of the account.

An **Authorized User** is permitted to:

- Make changes to the account (such as add and/or delete products and services) and
- Discuss account-specific information with a Monon Telephone customer service representative.

As the Primary Account Holder, please complete the following form to add Authorized Users to your account and sign below. **Only the Primary Account Holder is allowed to complete this form.**

Name (as it appears on the account): _____

PICK TWO Authentication Questions:

Favorite Color: _____ **Pet's Name:** _____
Favorite Sports Team: _____ **Favorite Hobby:** _____

Your Telephone Billing Number: _____

Authorized Users to be added to my account:

Name: _____

PICK TWO Authentication Questions:

Favorite Color: _____ **Pet's Name:** _____
Favorite Sports Team: _____ **Favorite Hobby:** _____

Name: _____

PICK TWO Authentication Questions:

Favorite Color: _____ **Pet's Name:** _____
Favorite Sports Team: _____ **Favorite Hobby:** _____

Name: _____

PICK TWO Authentication Questions:

Favorite Color: _____ **Pet's Name:** _____
Favorite Sports Team: _____ **Favorite Hobby:** _____

Name: _____

PICK TWO Authentication Questions:

Favorite Color: _____ **Pet's Name:** _____
Favorite Sports Team: _____ **Favorite Hobby:** _____

Signature of Primary Account Holder: _____

Date: _____

**Monon Telephone Company Inc.® Direct Credit Card Charge Plan
Application and Authorization**

HOW THIS WORKS:

By completing and signing this form, you are authorizing Monon Telephone Company Inc.® (“Monon”) to directly charge your credit card to pay your Monon Telephone bill. You will receive a monthly statement indicating the amount that will be charged. You will have at least 10 days to review the statement for accuracy. If you have concerns or questions about the charges on the statement, you must contact us by the 15th of the month. We will charge the amount shown on the statement to your credit card on or after the 16th of each month. There will not be a late charge if we make the deduction before we prepare the next month’s bill. All deductions will be made prior to the next month’s bill. You will receive notification informing you that activation of direct credit card charge has been completed. Until you receive such notification, you should continue to pay any paper bills that you receive.

IMPORTANT INFORMATION:

Credit Card charges will be initiated by Monon to pay Monon Telephone bills. The charge will constitute your receipt for the transaction(s). No payment to Monon will be made unless and until Monon receives actual credit. Monon reserves the right to refuse or terminate electronic payment services. You may terminate this agreement at any time by notifying Monon in writing or by calling (219)253-6601 and speaking to a Monon Representative. Allow 5 business days for the termination to take effect. If corrections of the entry are necessary, it may involve an adjustment to your account.

CUSTOMER INFORMATION (Please Print):

Name: _____ Telephone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

ACCOUNT INFORMATION:

____ VISA ____ MASTERCARD ____ DISCOVER

Card# _____ Exp. Date ____ / ____

3 digit code on back of card: _____

Is this a request to change account information on a previously activated direct withdrawal?

____ Yes ____ No

AUTHORIZATION:

By signing below, I hereby authorize Monon Telephone Company Inc.® to charge my Credit Card upon the above terms. I also affirm that I have credit in the above-listed account to cover the monthly withdraws.

Signature: _____

Date: _____

Last 4 digits of credit card _____