

## SonixNet Service Application Form

Please fill out the form below and fax to Assist Solutions Corp.  
After registering your application we will send you an e-mail detailing your registration information.

Application Date : \_\_\_\_\_(Year) \_\_\_\_\_(Month) \_\_\_\_\_(Day)

Name : \_\_\_\_\_

Contact No. : Tel (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

E-mail : \_\_\_\_\_

Address in Japan : \_\_\_\_\_  
\_\_\_\_\_

**\*Please check below.**

I confirm the service details and want to apply for this service and I choose...

- NTT Optical Fiber Plan 1 Static IP IIJ (Initial Fee: 5,400yen / Monthly Fee: 3,240yen )
- NTT Optical Fiber Plan 8 Static IP NTT PC (Initial Fee: 14,040yen / Monthly Fee: 14,040yen )
- NTT Optical Fiber Plan 8 Static IP IIJ (Initial Fee: 16,200yen / Monthly Fee: 27,000yen )

**\*Please provide your preferred payment method...**

- Automatic Bank Debiting (Please fill out the dedicated application form)
- Automatic Credit Card Payment (Please fill out your credit card details below)

Type of Credit Card :  Visa  Master  JCB  AMEX  Diners

Expiry Date : \_\_\_\_\_(Year) \_\_\_\_\_(Month)

Credit Card No. : \_\_\_\_\_

Card Holder's Name : \_\_\_\_\_

Signature : \_\_\_\_\_

Transfer Date : Designated by Credit Card company

### Please Note-

- 1) Payment for the service is to be made by Credit Card.
- 2) Billing starts on the first of the month and closes on the last day of the month.
- 3) Your service may be suspended if Assist Solutions Corp. does not receive payment.

### Conditions For Credit Card Payment-

- 1) I agree to pay the SonixNet fees charged to my credit card as designated on this application in accordance with the terms and conditions of my credit card agreement.
- 2) I will continue to pay the charges as mentioned above until I request a change. I agree to pay charges even if SonixNet charges a different credit card to the one I originally applied with, if my credit card company so requests.
- 3) I will immediately notify Assist Solutions Corp. of any changes in my credit card number or the expiry date written on my application.
- 4) I agree that my use of SonixNet may be cancelled if the credit card details in which I supplied for the service becomes invalid for any reason, or if a request is made by my Credit Card company to cancel my service due to payments being in arrears.

**FAX Number : 050-3737-7838 (+81-503737-7838)**