

CVIP.NET

CENTRAL VALLEY INTERNET PROJECT

www.cvip.net

1762 E. Barstow Avenue
Fresno, CA 93710

Phone 559-278-1111
Fax 559-447-3077



ACCOUNT OWNER INFORMATION:

PLEASE PRINT CLEARLY

NAME

First _____ Middle _____ Last _____

ADDRESS

Street _____

City _____ State _____ Zip _____

PHONE

Home _____ Business _____ Fax _____

MY SYSTEM: Win Me Windows 3.1 Windows 95 Windows 98 Macintosh

Email Address (5 characters minimum) _____

Desired Password (6 characters minimum) _____

I request and authorize my employer, Clovis Unified School District, to deduct the monthly fee from my monthly pay.

Fax or mail this form to CVIP at the number listed at the top of the page.

Signature

Date

SSN # _____

School Site _____

SELECT PAYMENT:

10 month payment (\$14.34 per month)

12 month payment (\$11.95 per month)

CHOOSE ONE:

I WILL **PICK UP** MY INSTALLATION PACKAGE.

PLEASE **MAIL** MY INSTALLATION PACKAGE TO ME.

Office Use Only

Software Certificate Instructions

Intl _____