



Return this form to Vastnet...

Via Fax: (631) 824-9010

Via Mail: Vastnet Billing Dept.
P.O. Box 1525
Melville, NY 11747

Customer Info Sheet

CustomerID (if existing customer):	
Company Name:	
Contact Name:	
Address:	
City:	
State:	
Zip:	
Work Phone:	
Home Phone:	
Cell Phone:	
Fax:	
Email:	