

# ASLmail.com

First Name	Last Name
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Present Email	Today Date
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UserID Email <b>@aslmail.com</b>	AIM screenname
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Password	Verify Password
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(Password must be at least 8 characters and not greater than 15 characters in length. No spaces or symbols allowed, only letters and numbers.)

S-VideoPhone Number	D-VideoPhone Number
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IF PAYING BY MASTERCARD OR VISA, FILL OUT BELOW.		
 MASTERCARD	 VISA	
CARD NUMBER	BILLING ZIP CODE	EXPIRED DATE
SIGNATURE	AMOUNT	

I wish to be billed:
\$20 - 12 months
\$40 - 2 years

IF PAYING BY MONEY ORDER, CASHIER CHECK OR BUSINESS CHECK, FILL OUT BELOW.		
MONEY ORDER	CASHIER CHECK	BUSINESS CHECK
REMIT TO: <b>Computer Pro</b> P.O. Box 75626 Colorado Springs, Colorado 80970-5626		