



## NEW MARITIME CLIENT FORM

Please fill out the following form to complete your account record.  
Send this form along with a completed W-9 form (if applicable) to [info@signalconnect.com](mailto:info@signalconnect.com).

Yacht/Vessel LLC/Company: \_\_\_\_\_

Yacht/Vessel Name (Required): \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Call Sign (Required): \_\_\_\_\_ Flag State (Required): \_\_\_\_\_

Billing Address (Required): \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Accounting Contact Name: \_\_\_\_\_

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

Technical Contact (Required): \_\_\_\_\_ Title: \_\_\_\_\_

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

I acknowledge that this address is monitored and will receive important communications from Signal Connect and its partners.

Emergency Contact (Required): \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Yacht/Company Web Site: \_\_\_\_\_

Tax ID / TIN (not required for non-US companies) \_\_\_\_\_

Referral Partner: \_\_\_\_\_

Dealer Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

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

How would you like your invoices:                      Electronic                      Paper                      Both

Scheduled date of install and activation: \_\_\_\_\_

Antenna Type: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Modem Model: \_\_\_\_\_ Serial Number: \_\_\_\_\_

This information will be kept confidential and will only be used by Signal Group, LLC and its affiliates.

PAYMENT TERMS: Payment is due no later than the first of each month. If the payment is not posted by the tenth of each month, site(s) will be subject to suspension.