



Online Access Order form

Online-Access, Inc.
2650 Oak Street
Port Huron, MI 48060

Company _____ Order Date _____

Address _____

City _____ State _____ Zip Code _____

Phone () _____ Fax Number () _____ Toll Free Number: _____

Domain name (web address): www. _____

Contact Person: _____ Email Address: _____

Choose Website Package: Visit <https://www.hvacwebsites.com/compare> for chart comparing packages and all included services, *but DO NOT* use online signup form if you were given this signup form because you already exist in our billing system

ECONOMY CLASS
\$489 per month*

Get a company website that is mobile-responsive, initial homepage search optimization, and someone to add content to it when needed

BUSINESS CLASS
\$689 per month*

Get a company website that's mobile-responsive, someone to add content to it when needed, Google & Bing account management, and ongoing localized search optimization that includes adjoining cities

+ NEARBY NOW
\$988 per month*

Get a company website that's mobile-responsive, fully managed, optimized for local search, that will show up in searches in all heavily served areas, and that will bring in more business through customer reviews

*Monthly price does not include one-time \$995 startup fee

Site includes hosting using a new domain name or your current web address, annual renewal of one domain name (.com, .net, .biz) if transferred to host account, use of the PagePilot website system and content, bandwidth, system updates, training and technical support. Internet access not included. Service may be cancelled at any time with 30 days written notice—see <http://terms.online-access.com> for full terms and conditions. PagePilot websites include a 100% money-back guarantee based on user's complete satisfaction for the first 90 days of subscription.

Billing Information: *Published rates and all billing in U.S. Dollars*

Credit Card No. _____ Expires _____ Card Verification No. _____

Name on Card _____ Cardholder's Signature **X** _____

Card Billing Address Same as above

Other: _____ Zip Code _____

To auto-debit charges (U.S. only), fax order form with a copy of voided check payable to *Online-Access* for the amount to be debited monthly.

Bank Name _____

Routing Number _____ Account Number _____

I understand and accept above terms and authorize billing of the website service package selected and requested above:

Ordered by _____ Title: _____

Complete all Fields, Print, Sign and Fax Order Form to (810) 985-0954

Questions? Call 1-888-966-4785