



WASHINGTON STATE REFERENCE NETWORK Application for Subscription Account(s)

All information will be kept strictly confidential unless otherwise indicated by applicant

Contact Information	
Applicant Name <i>[Individual or Primary Contact]</i>	a.
Daytime Phone <i>[Primary Contact]</i>	b.
Cell or Pager <i>[Primary Contact]</i>	c.
Email <i>[will be added to notification list]</i>	d.
Representing <i>[Self, Company or Public Sector Entity]</i>	e.
Alternate Contact <i>[to act on your behalf]</i>	f.
Alternate Phone	g.
Alternate Cell or Pager	h.
Alternate Email <i>[Add to notification list?] y / n ?</i>	j.
Do you wish to be added to the email list for the WSRN Tech Advisory (Users Group)?	y / n
Do you wish to share your email address with other WSRN members and subscribers?	y / n

Billing Address		Mailing Address <i>[Same?] y / n</i>	
k.		r.	
m.		s.	
n.		t.	
o. City	p. State	u. City	v. State
q. Zip		w. Zip	

x. Number of Accounts (Check One)	ONE ___	y. Annual subscription rate in effect for all new accounts: \$1,900.00 US [fee includes all applicable taxes]
	FIVE ___	\$5,700.00 US [fee includes all applicable taxes]
	TEN ___	\$10,000.00 US [fee includes all applicable taxes]
	20 ___	\$15,000.00 US [fee includes all applicable taxes]
	40 ___	\$20,000.00 US [fee includes all applicable taxes]

Conditions. The applicant hereby agrees to the terms of the attached subscriber agreement and that an invoice will be issued and mailed to the above billing address for an amount equal to the number of accounts requested [per box "x"] multiplied by the current annual subscription rate [per box "y"]. The accounts will be activated on receipt of this application and a signed user agreement. The applicant will have 30 days to pay upon receipt of the invoice. If payment is not received within the 30 days the account(s) will be suspended until payment is received. **Applicant Initials** _____

Preference for Login Names max. 8 characters minimum 4 alpha characters plus two numeric (e.g. " ABCD12"). Your password(s) will be issued, phone if you need to change the password(s). Logins can be used for real-time and web services.	z.	

Mail this completed Application and a signed WSRN Subscriber Agreement (signed and dated the same day) and mail or deliver to:

Seattle Public Utilities
Attn: Gavin Schrock
700 5th Ave, Ste 4900
PO Box 34018
Seattle WA 98124-4018

Signature of Applicant _____

Date ____ / ____ / ____