

Subscriber Application and Services Agreement



Print Clearly and Complete All Sections that Apply.
Return to Stratos when complete (Details On Page 3).

A: Type of Applicant *(Mandatory - Must be completed by all Applicants)*

- Individual Dealer Distributor Government Agency
 Corporation Charitable/Non-profit Inmarsat Service Provider Please provide ISP Code _____

B: Services Requested *(Mandatory - Must be completed by all Applicants)*

Mobile, On-Demand Satellite Services:

- Inmarsat-A Inmarsat-M Inmarsat-Fleet 77 Inmarsat Satellite Phone Services
 Inmarsat-B Inmarsat mini-M Inmarsat-Fleet 55 Inmarsat Swift 64
 Inmarsat BGAN Inmarsat GAN (M4) Inmarsat-Fleet 33 Inmarsat SwiftBroadband
 Inmarsat-C Inmarsat RBGAN Inmarsat FleetBroadband
- AmosConnect HughesNet™ Iridium® MSV (MarineSat®/LandSat®)
 Globalstar® HF Radio StratosConnect Other _____

Fixed, Full Period Satellite Services:

- StratosiTek® VSAT Microwave Circuits (Gulf of Mexico Only)
 Maintenance SkyWAN® HughesNet™
 Spare Parts SCPC

Telephone Services:

- Telephone Services

Equipment Purchases/Rental:

- Mobile, On-Demand Satellite Services Equipment
 Fixed, Full Period Satellite Services Equipment

For Inmarsat Terminals Only – Select One

- The terminal will be used exclusively in the United States under Stratos' licenses.
 The terminal will not be used in the United States

C: Corporate Applicant Information *(DO NOT complete if Individual Applicant)*

Company Information *(Mandatory)*

Full Legal Name: _____
Operating as (trade style): _____ Duns number (If known): _____
Tax ID Number or Exemption Certificate (attach copy): _____
Department (If applicable): _____
Accounts Payable contact: _____ Ext.: _____
Invoices Mailed to: _____
City: _____ State/Province: _____
Country: _____ Zip/Postal Code: _____
Physical address (if different from mailing): _____
City: _____ State/Province: _____
Country: _____ Zip/Postal Code: _____
Country & City Codes & Tel.#: _____ Fax #: _____
Company e-mail address: _____ Website: _____

Business Structure *(Mandatory)*

- Limited Liability Partnership Proprietorship Joint venture. Since: _____
 Division/Subsidiary/Branch Provide parent company name and location: _____
In business since: _____

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C: Corporate Applicant Information *(cont'd)*

Senior Officers *(Mandatory)*

Name:	Title:	Telephone Number:
_____	President	_____
_____	Vice-President	_____
_____	Chief Financial Officer or Treasurer	_____

Bank Reference *(Optional)*

Name of Bank: _____	Street address: _____	Location: _____
Contact person: _____	Telephone #: _____	Fax #: _____
Branch #: _____	ABA/Transit #: _____	Account #: _____

Industry Credit References *(Optional)*

Firm Name and Address	Contact	Tel. Number	Fax Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D: Individual Applicant Account Information *(DO NOT complete if Corporate Applicant)*

Applicant Name: _____ Date of birth ____/____/____ (DD/MM/YY)
Social Security or Social Insurance # (optional): _____
Mother's Maiden Name (for security purposes): _____
Full mailing Address: _____
City: _____ State/Prov.: _____
Country: _____ Zip/Postal Code: _____
Home address (if different from mailing): _____
City: _____ State/Prov.: _____
Country: _____ Zip/Postal Code: _____
Home Area Code & Telephone #: _____ Fax #: _____
Mobile Telephone #: _____ E-mail address: _____
Name & Address of Employer: _____
Position: _____ Years/months there: _____
Business Telephone #: _____ Ext.: _____

E: Corporate or Individual Applicant Credit Card Information

Credit card information required for all personal/individual accounts.

Company Credit Card Individual Credit Card

Type of Credit Card: Visa Mastercard AMEX
Card number: _____ Expiry Date ____/____ (mm/yy)

Name on card: _____

Credit Card for billing purposes only Credit Card for credit guarantee purposes only

I hereby authorize the use of my card for the above mentioned purposes:

Cardholder signature: _____

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F: Credit Terms Applied For *(Mandatory -- Must be completed by all Applicants)*

	COD	30 Days	Prepaid
Equipment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airtime:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Monthly Credit Desired (Required)*: _____

Electronic (PDF) Billing. Email Address: _____

Note: Electronic (PDF) Billing is required for Iridium, Globalstar, MSat and StratosMail services.

Include special invoicing instructions: _____

* Notwithstanding approval of the desired credit line, Applicant will be liable for any and all actual costs incurred for use of services and/or equipment provided by Stratos.

G: Marketing Information *(Optional -For Stratos Internal Use Only)*

<input type="checkbox"/> Charitable	<input type="checkbox"/> Aviation	<input type="checkbox"/> Fishing	<input type="checkbox"/> Government	<input type="checkbox"/> Marine
<input type="checkbox"/> Military	<input type="checkbox"/> Mining	<input type="checkbox"/> Oil and Gas	<input type="checkbox"/> Transport	<input type="checkbox"/> Media
<input type="checkbox"/> Other _____				

H: Confirmation of Information Accuracy and Release of Authority to Verify

I hereby certify that I am, or I am duly authorized by, the Applicant (as defined above) and the information in this application and agreement is correct and agree that a facsimile copy hereof will be valid and binding for all purposes. In order to assist Stratos or its affiliates (collectively, "Stratos") in establishing a line of credit, I authorize (i) the references listed herein to release information requested by Stratos, and (ii) Stratos to obtain credit reports and other documentation from third parties. In addition, for billing and other Services and/or Equipment purposes, I also herein give Stratos consent to transfer my personal data to Stratos, as necessary. I understand that Stratos' acceptance of this application is contingent upon Stratos' satisfaction with the credit review, and that Stratos may terminate service without further notice within thirty (30) days of this application if Stratos is not satisfied with my credit. I further understand that, except as otherwise agreed by Stratos, the Services and/or Equipment requested in Section B, will be provided by Stratos pursuant to the applicable Stratos, Plenexis or Xantic terms and conditions posted on Stratos' website at www.stratosglobal.com ("Terms") and at the prices provided to Applicant by Stratos ("Prices"). Applicant agrees to be bound by the Terms and Prices (each as amended by Stratos from time to time) applicable at the time of provision of Services and/or Equipment, unless Applicant enters into a separate written agreement with Stratos for the Services and/or Equipment. Accordingly, Applicant's use of the Services and/or Equipment will be subject to the terms and conditions, including price(s), of such agreement, when executed by both parties. Applicant has been provided ample opportunity to review the Terms. Applicant takes particular notice that the Terms include specific clauses including, but not limited to: (A) LIMITATION OF LIABILITY; (B) LIMITATION OF IMPLIED OR STATUTORY WARRANTIES; AND (C) INDEMNITY, HOLD HARMLESS, AND DEFENSE OF THE PARTIES, and certifies that such clauses have been brought to Applicant's attention.

Authorized Name (please print): _____ Agent Name (if applicable): _____

Authorized Signature: _____ Agent Signature: _____

Date (dd/mm/yy): _____ Date (dd/mm/yy): _____

Please return completed form to:

<input type="checkbox"/> St. John's, Newfoundland Phone: +1 709 754 5400 Fax: +1 709 748 4300	<input type="checkbox"/> London, England Phone: +44 20 7993 3340 Fax: +1 709 748 4395	<input type="checkbox"/> Bethesda, Maryland Phone: +1 301 214 8800 Fax: +1 301 214 8801	<input type="checkbox"/> Seattle, Washington Phone: +1 206 633 5888 Fax: +1 206 237 9100	<input type="checkbox"/> Weston, Florida Phone: +1 954 370 4530 Fax: +1 954 370 6144
<input type="checkbox"/> Ottawa, Ontario Phone: +1 613 230 4544 Fax: +1 613 230 4212	<input type="checkbox"/> Lafayette, Louisiana Phone: +1 337 761 2000 Fax: +1 337 761 1284	<input type="checkbox"/> Houston, Texas Phone: +1 832 463 2100 Fax: +1 832 461 4007	<input type="checkbox"/> Denver, Colorado Phone: +1 303 397 7500 Fax: +1 303 397 7595	<input type="checkbox"/> Hong Kong, Hong Kong Phone: +852 285 60380 Fax: +852 256 55792
<input type="checkbox"/> Bonn, Germany Phone: +49 515 493 71101 Fax: +49 515 493 71009	<input type="checkbox"/> The Hague, Netherlands Phone: +31 703 013200 Fax: +31 703 434796			

For Stratos Internal Use Only:

Account Manager: _____ Date (dd/mm/yy): _____ Account # Assigned: _____

Credit Approval: _____ Date (dd/mm/yy): _____ Approved Credit Line \$: _____