



Satellite and Data Services Activation Form

Company: _____
 Address: _____
 City: _____
 State/Prov: _____
 ZIP/ PC: _____ Country: _____
 Phone # _____ Fax # _____
 Operations Contact: _____
 Email: _____

Billing Company(if different): _____
 Address: _____
 City: _____
 State/Prov: _____
 ZIP/ PC: _____ Country: _____
 Phone # _____ Fax # _____
 Billing Contact: _____
 Email: _____

**Emergency Contact Name:

**Emergency Contact phone:

Vehicle and Equipment Information

Latitude
 Serial Number: _____
 Tail Number or ID: _____
 Vehicle Make: _____
 Vehicle Model: _____

Equipment Type:
 Vehicle Type:
 Satcom Service Type:

Data Services

Web Sentinel Mapping Service:
 Web Sentinel Admin User ID: _____
 Password (if new account): _____

Data Forwarding
 USFS BCFS ABFS
 OMNR GNWT SOPFEU
 Alaska DNF Other (please specify:)

Special Instructions:

Vertical Market

Payment

Payment Type: Card Number: Expiration: Automatic Payment

Card Holder Name: _____ Card Address: _____

Terms and Conditions

I recognize that the provision of Services I have requested shall be provided by Latitude pursuant to Latitude's commercial terms and conditions as posted on Latitude's web site at the time of provision of Services and I agree to abide with and be bound by those terms and conditions.

Adjustable configuration settings, including position reporting intervals, are entirely the responsibility of the customer to set and maintain. Latitude accepts no responsibility for unintended Service performance and expense resulting from the customer's failure to correctly set and maintain Service settings.

Name: Title:
 Signature: Date:

Please FAX this form to 1-250-475-0204 or EMAIL to activations@latitudetech.com