



## Web Hosting Application Form

Please complete all personal information **COMPLETELY** and **LEGIBLY**.

**Domain Name:** \_\_\_\_\_

(this is the domain that your web site will be associated with)

**Username:** \_\_\_\_\_ **Password:** \_\_\_\_\_

**Choice #2:** \_\_\_\_\_ **Choice #2:** \_\_\_\_\_

(Username and Password are used for accessing your web site, and must be 6 to 8 characters long.)

### Administrative Contact:

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

### Billing Contact: (if different from Administrator Contact)

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

### Credit Card Information:

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

### Check off the service and billing option you want.

<u>Service Type</u>	<u>Billing Interval</u>
<input type="checkbox"/> <b>Basic Service</b> (\$19.95/month)	<input type="checkbox"/> <b>1 Month</b>
<input type="checkbox"/> <b>Premium Service</b> (\$29.95/month)	<input type="checkbox"/> <b>3 Months</b>
<input type="checkbox"/> <b>Pro Service</b> (\$49.95/month)	<input type="checkbox"/> <b>12 Months</b>

*All Web Hosting is provided on UNIX servers unless otherwise specified.*

Please Mail or Fax this completed form to the address or number provided above.