

SamfordNet Domain Name Application Form

A BUSINESS DETAILS			
Registrant Name:			
Address:			
Suburb:		State:	
		Postcode:	
Phone:		Fax:	E-mail: (Required)
ACN: (If there is no existing ACN, please explain the nature of the organization (why no ACN exists). This will help with approval)			
If the domain requested represents a registered business name (RBN) or if no ACN exists for the organization, please provide:			
Registered Business Name:			
Registered Business Number:			
State of Business Registration:			
Does this business have any other domain name(s) registered, or currently pending registration?			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please attach all documentation of existing domain names and any that are pending.	

B DOMAIN NAME DETAILS			
Requested domain name:			(please print in full address)
.com, .net, .org		1 Year period - \$39.00	<input type="checkbox"/>
		2 year period - \$70.00	<input type="checkbox"/>
.com.au, .net.au, org.au		2 year period - \$88.00	<input type="checkbox"/>

Please note: Any domain name that you request is subject to availability. **.au** domains must have proof of business to be eligible for registration.

C PAYMENT DETAILS			
<input type="checkbox"/> I wish to pay by Credit Card			
<p>Standing Order of Authority to Debit Credit Card. I wish to use my credit card to pay for the above goods/services supplied to me by SIS Group. I hereby authorise SIS Group to debit my card account with the amount and at the intervals specified above and in the event of any change in the charges for these goods/services, to alter the amount from the appropriate date in accordance with such changes. This authority shall stand, in respect in the above-specified card and in respect of any card issued to me in renewal or replacement thereof, until I notify SIS Group in writing of its cancellation.</p>			
Credit Card Type: <input type="checkbox"/> Mastercard <input type="checkbox"/> Bankcard <input type="checkbox"/> Visacard			
Credit Card Number: _____ - _____ - _____ - _____		CCV: _____	Expiry Date: _____ / _____
Signature of account holder: _____		Date: _____	
I request access to SIS Group/Samford.Net under the terms and conditions and network rules of such. I warrant that the information being provided is in all respects correct and true.			
Signature: _____		Position: _____	Date: _____
The delegation of an account on SIS Group's network is subject to terms and conditions. Terms and conditions are subject to change without notice and may be requested via post, e-mail or read at the main web page http://www.samford.net if in the case of not been listed overleaf. Changes to terms and conditions are updated on our website.			
<p>Application Complete. Please ensure you have entered the correct details before you proceed any further.</p>			
<p>Please fax a copy of this form to 1300 137 135, or mail the form to Post Office Box 2005, Rockdale Delivery Centre NSW 2216.</p>			