

SamfordNet / SIS Group Web Hosting Application Form

A CONTACT DETAILS		
Full Name:		
Postal Address:		
Suburb:	State:	Postcode:
Daytime Phone:		Mobile:
Current Operating System:		Email Address:

B DOMAIN DETAILS
Domain name to be hosted:
Is this domain name already registered? <input type="checkbox"/> Yes <input type="checkbox"/> No (please refer to the domain name registration form)

C PLAN SELECTION				
Plan Name	Monthly	Features	Setup Fee	Tick
Lite	\$10.95 / Month	50Mb webspace 1 e-mail address. This plan requires you to have an existing account with SIS Group for Internet access.	\$25.00	<input type="checkbox"/>
Economy	\$19.95 / Month	50Mb webspace 5 e-mail addresses Perl and CGI scripting language access	\$30.00	<input type="checkbox"/>
Business	\$24.95 / Month	50Mb webspace 8 e-mail addresses MySQL database support, PHP, Perl and CGI scripting access Detailed web statistics - updated every hour.	\$35.00	<input type="checkbox"/>
Premier	\$49.95 / Month	200Mb webspace 10 e-mail addresses MySQL, PostgreSQL database support, PHP, Perl and CGI scripting Detailed web statistics - updated every hour.	\$50.00	<input type="checkbox"/>
Colocation	\$330.00 / Month	Host your own server in our professional and secure data centre located in the Sydney C.B.D. Setup fee includes installation of Debian Linux, and Apache web server.	\$480.00	<input type="checkbox"/>

D INTIIAL E-MAIL ADDRESS SETUP	
Username:	Password:

I wish to pay by cheque, money order or Electronic Funds Transfer
 A once-off Setup fee of \$20.00 applies if you select this payment method.

I wish to pay by Credit Card

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.

Credit Card Type **MasterCard** **Bankcard** **Visacard**

Credit Card Number: _____ - _____ - _____ - _____ CCV: _____ Expiry Date: _____ / _____

Signature of account holder: _____ Date: _____

I request access to SIS Group 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.sisgroup.com.au> if in the case of not been listed overleaf. Changes to terms and conditions are updated on our website.

Application Complete!

① **Please ensure you have entered the correct details before you proceed any further.**
 Please fax a copy of this form to 1300 137 135, or post the form to Post Office Box 2005, Rockdale Delivery Centre NSW 2216.