



Domain Name Order Form
(Please Type or Print Information Clearly)

(please circle all that apply)

Domain Name: _____ .com .net .org .biz .info
Registrant Name: _____
Organization / Company: _____
Address: _____

Phone Number: _____
Fax Number: _____
Email Address: _____

Administrative and Billing Contact: _____
Administrative and Billing Address: _____

Phone Number: _____
Credit Card Number: _____ Exp Date: _____
Billing Term: 2 Years 3 Years 4 Years 5 Years

Please choose a username and password that will be used to manage your domain name.
Username: _____ Password: _____

Important things to know:

1. Typical domain name registrations take 24-48 business hours to process and could be longer due to difficulties encountered by the registrar.
2. The registration fee must be paid in order for the domain name registration to be processed. There are NO REFUNDS once the domain name has been registered. NO EXCEPTIONS.

Authorization

I authorize Waymark Internet Services, Inc. to register the domain name I have chosen on my behalf. I understand that I am responsible for informing Waymark Internet Services, Inc. of any changes that need to be made to my domain name. I understand that in the event I choose to move my domain name from Waymark Internet Services, Inc. DNS servers it is my responsibility to inform Waymark Internet Services, Inc. of the change and it is my responsibility to submit the proper forms which can be found at <http://manage.opensrs.net>

I have read and understand the Uniform Domain-Name Dispute-Resolution Policy and the gTLD Registration Agreement posted at <http://www.waymark.net/site/policy.html>.

I authorize Waymark Internet Services, Inc. to automatically charge my credit card for the domain name registration fee. I understand that all domain name registration fees are non refundable and there are no exceptions.

Authorized Representative _____ Date: _____