

DOMAIN NAME REGISTRATION

General Information:

Domain Name You Want:

1st Choice

2nd Choice

3rd Choice

Registrant Information:

Organization Name:

Organization Address:

City State & Zip:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Administrative Contact Information:

Name (Last, First)

Organization

Organization Address:

City, State & Zip:

Phone Number:

E-Mail:

Billing Contact Information:

Name (Last, First)

Organization

Organization Address:

City, State & Zip:

Phone Number:

E-Mail:

Technical Contact Information:

Name (Last, First)

Organization

Organization Address:

City, State & Zip:

Phone Number:

E-Mail:

Internic Prices: FEE: \$70 for the first 2 years - \$35 annual fee thereafter

TCO On-Line Charges a one time set-up fee of \$50

Customer Signature: _____ Date: _____